

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91271 001 \*\*\*150.00

0486057 AV

**DOCUMENT # P01000093291**



1. Entity Name  
**DBR ENTERPRISES, INC.**

Principal Place of Business  
**2088 LANTANA AVENUE  
CLEARWATER FL 33755**

Mailing Address  
**2088 LANTANA AVENUE  
CLEARWATER FL 33755**



2. Principal Place of Business  
**1142 ORANGE AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1142 ORANGE AVE.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**DUNEDIN, FLA.**

City & State  
**DUNEDIN, FLA**

4. FEI Number  
**59-3749792**

Applied For  
 Not Applicable

Zip  
**34698** Country  
**USA**

Zip  
**34698** Country  
**USA**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROSENBAUM, DOUGLAS B  
2088 LANTANA AVENUE  
CLEARWATER FL 33755**

**7. Name and Address of New Registered Agent**

Name **ROSENBAUM, DOUGLAS B.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1142 ORANGE AVE.**  
City **DUNEDIN** FL Zip Code **34698**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ROSENBAUM, DOUGLAS B 2088 LANTANA AVENUE CLEARWATER FL 33755</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ROSENBAUM, DOUGLAS B 1142 ORANGE AVE DUNEDIN, FL. 34698</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/24/03** (727) 736-3371  
Daytime Phone #

CR2E034 (10/02)