

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90232 020 ***150.00

DOCUMENT # P01000102268

1. Entity Name
DNB VENTURES, INC.



Principal Place of Business
**7428 C.R. 736
CENTER HILL FL 33514**

Mailing Address
**7428 C.R. 736
CENTER HILL FL 33514**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3756754**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ATTRIDGE, MARY ESQ.
222 SOUTH FLORIDA ST.
BUSHNELL FL 33513~~

Name **David L. Crosby**
Street Address (P.O. Box Number is Not Acceptable) **7428 County Rd 736**
City **Center Hill** FL Zip Code **33514**

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 David L. Crosby, Pres **021403**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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 **PD**
NAME **CROSBY, DAVID L**
STREET ADDRESS **7428 C.R. 736**
CITY-ST-ZIP **CENTER HILL FL 33514**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSTD**
NAME **CROSBY, NOVELLA W**
STREET ADDRESS **7428 C.R. 736**
CITY-ST-ZIP **CENTER HILL FL 33514**

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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: David L. Crosby **021403** **352-429-4270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)