

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000102272

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: DOMINION BUSINESS ENTERPRISES, INC.

Current Principal Place of Business:

5212 NW 54 AVE
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

5212 NW 54 AVE
COCONUT CREEK, FL 33073

New Mailing Address:

P.O. BOX 670513
CORAL SPRINGS, FL 33067

FEI Number: 65-1141727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLYMORE, LINDA
5212 NW 54 AVE
COCONUT CREEK, FL 33073

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLLYMORE, LINDA
Address: 5212 NW 54 AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: COLLYMORE, LEON
Address: 5212 NW 54 AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: COLLYMORE, MARK
Address: 5212 NW 54 AVE
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA COLLYMORE

PRES

05/01/2002

Electronic Signature of Signing Officer or Director

Date