

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90123 002 ***150.00

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DOCUMENT # P0100011834

1. Entity Name
DAVIDO-BELGIUM, INC.



Principal Place of Business
**354 NORTH SHORE DR.
SUITE 8
SARASOTA FL 34234**

Mailing Address
**354 NORTH SHORE DR.
SUITE 8
SARASOTA FL 34234**



2. Principal Place of Business
1502 MAIN STREET

3. Mailing Address
1502 Mainstreet

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
SARASOTA - FL

City & State
SARASOTA FL

Zip
34236

Country
SARASOTA

Zip
34236

Country
SARASOTA

4. FEI Number
65-1156317

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KOHLBERGER, DOMINIQUE M
354 NORTH SHORE DR. 454 Firehouse Ct
SUITE 8 -
SARASOTA FL 34234

Longboat Key - FL 34228

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	P	<input type="checkbox"/> Delete
NAME	KOHLBERGER, DOMINIQUE M	
STREET ADDRESS	354 NORTH SHORE DR.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hedewijch, Davidts	
STREET ADDRESS	1502 MAIN STREET	
CITY-ST-ZIP	SARASOTA, FL 34236	Address
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINIQUE, KOHLBERGER	
STREET ADDRESS	454 FIREHOUSE CT	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11291'03 (941)383-0459
Date Daytime Phone #

CR2E034 (10/02)