

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

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90056 018 \*\*\*150.00

<b>DOCUMENT # P02000005677</b> 1. Entity Name <b>D.B.R. PRODUCTS, INC.</b>					
Principal Place of Business <b>6380 SE MARINER SANDS DRIVE STUART, FL 34997</b>			Mailing Address <b>6380 SE MARINER SANDS DRIVE STUART, FL 34997</b>		
2. Principal Place of Business <b>5565 N.E. Gulfstream Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>5565 N.E. Gulfstream Way</b> Suite, Apt. #, etc.			
City & State <b>Stuart, Fla</b>		City & State <b>Stuart FLA</b>		4. FEI Number <b>80-0034386</b>	
Zip <b>34997</b>		Country <b>Martin</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOVIE, GEORGE F III 666 COLORADO AVENUE SUITE 1 STUART, FL 34997</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u>Bonnie J. Pettinga</u> DATE <u>4-27-03</u> <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when submitting))</small>					
FILE NOW WITH 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. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHMITT, ROBERT L</b> <b>7080 SE LILLIAN COURT</b> <b>STUART, FL 34997</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PETTINGA, DAVID A</b> <b>6380 SE MARINER SANDS DRIVE</b> <b>STUART, FL 34997</b>	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 information.					
SIGNATURE: <u>Bonnie J. Pettinga</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-27-03</u> <small>Date Daytime Phone #</small>		

CP2E034 (10/02)