

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90163 009 ***150.00

0153612
FP

DOCUMENT # P02000075734

1. Entity Name

D & B PROPERTY MANAGEMENT SERVICES, INC

(L)



Principal Place of Business
**7300 WEST MCNAB ROPAD
SUITE 217
TAMARAC FL 33321**

Mailing Address
**7300 WEST MCNAB ROPAD
SUITE 217
TAMARAC FL 33321**



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

03-0472975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EMERY, MICHAEL R
ONE FINANCIAL PLAZA
SUITE 2020
FORT LAUDRDALE FL 33394**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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
**PTD
DONNELLI, GLORIA
7300 WEST MCNAB ROAD SUITE 217
TAMARAC FL 33321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
BERNSTEIN, SHEILA
7300 WEST MCNAB ROAD SUITE 217
TAMARAC FL 33321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

July 10, 2003 954-722-1141

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90141984

P02000075734

D & B Property Mgt. Services, Inc.
7300 W. McNab Road, Suite 217
Tamarac, Fl. 33321
(954) 328-8001 Fax (954) 720-7606

Property Mgmt. & Consultants

July 10, 2003

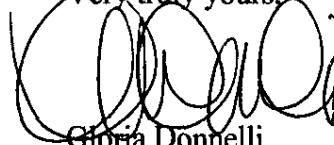
Florida Department of State
Division of Corporations
P>O> Box 6327
Tallahassee, Florida 32314

To whom it may concern:

This is the first notice we received. We have received no prior notice.

Referring to FREQUENTLY ASKED QUESTIONS paragraph (1) we are submitting this letter as verification of our non-receipt of the first notice and enclosing our \$150.00 filing Fee.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Gloria Donnelly', written over the typed name.

Gloria Donnelly
President