

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90129 044 ***150.00

DOCUMENT # P93000009863

1. Entity Name

SDB, INC.

Principal Place of Business

Mailing Address

**8 BAYOU DRIVE
FORT WALTON BEACH FL 32547**

**8 BAYOU DRIVE
FORT WALTON BEACH FL 32547-1821**

00000401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3169553

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SOMERSET, ROBERT D
1941 RIVERVIEW DR.
CRESTVIEW FL 32536**

Name

LAWRENCE P. BUSH

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

8 BAYOU DRIVE

City

FT. WALTON BEACH

FL

Zip Code

32547

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.

SIGNATURE

L.P. Bush

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

(NOTE: Registered Agent signature required when reinstating)

01/07/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☒ Delete
NAME **SOMERSET, ROBERT D.**
STREET ADDRESS **1941 RIVERVIEW DR.**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **PDS** ☐ Change ☒ Addition
NAME **JOSEPH DAVIS JR.**
STREET ADDRESS **33 BAYSHORE DR.**
CITY-ST-ZIP **SMITH LAKE, FL 32579**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SDB** ☐ Change ☒ Addition
NAME **LAWRENCE P BUSH**
STREET ADDRESS **8 BAYOU DR.**
CITY-ST-ZIP **FT. WALTON BEACH, FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TDS** ☐ Change ☒ Addition
NAME **W. Robert KELLER**
STREET ADDRESS **1459 OAKMONT**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

L.P. Bush **LAWRENCE P BUSH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/00

Day

**850
243-1512**

Daytime Phone #