2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P93000018345 May 08, 2000 8:00 am 1. Entity Name Secretary of State D & B PROPERTY MANAGEMENT, INC. 05-08-2000 90165 014 ***150.00 Principal Place of Business Mailing Address 5618 GRAND BLVD. 5618 GRAND BLVD. **NEW PORT RICHEY FL 34652** NEW PORT RICHEY FL 34652-3811 2. Principal Place of Business 3. Mailing Address MAINST. 6105 6105 MAIN ST. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3171521 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DORSEY, DAVID A Street Address (P.O. Box Number is Not Acceptable) 5618 GRAND BLVD. **NEW PORT RICHEY FL 34652** Zip Code FL 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12, 11. Addition TITLE ☐ Delete DORSEY, DAVID A NAME 6105 MAIN ST. STREET ADDRESS STREET ADDRESS 5618 GRAND BLVD. CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** Change Addition ☐ Delete TITLE TITLE THOMPSON, BRUCE E NAME NAME 4 Peverly Rd. STREET ADDRESS 5618 GRAND BLVD. STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP ☐ Delete TITLE - - - - -TITLE THOMPSON, JEAN C NAME NAME 4 Peverly Rd. TILTON, NH STREET ADDRESS 5618 GRAND BLVD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** ☐ Change ☐ Addition Delete TITLE SCHEER-DORSEY, ALICE Y NAME NAME STREET ADDRESS STREET ADDRESS 6345 ABERDEEN AVE CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34653** ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.