

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044365

1. Entity Name

DB CONTRACTING, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90149 019 ***158.75

Principal Place of Business

Mailing Address

107 MARGARET'S WAY
THOMASVILLE GA 31792
US

107 MARGARET'S WAY
THOMASVILLE GA 31792-0408
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4270
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2115527

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

THOMAS, LES
4049 MCLEAD DR.
TALLAHASSEE FL 31303

Name BRIAN BLAIR

Street Address (P.O. Box Number is Not Acceptable)
4270 Little Osprey Drive

City Tallahassee

FL

Zip Code 32303

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

Brian Blair BRIAN BLAIR President

1-6-00

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

(NOTE: Registered Agent signature required when reinstating)

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
NAME VTS
STREET ADDRESS BLAIR, DEBORAH
CITY-ST-ZIP 42 6TH AVE S.W.
CAIRO GA 31728 ☐ Delete

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

TITLE
NAME PM
STREET ADDRESS BLAIR, BRIAN
CITY-ST-ZIP 42 6TH AVE. S.W.
CAIRO GA 31728 ☐ Delete

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

TITLE
NAME
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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Brian Blair BRIAN BLAIR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-00
Date

850 544-0093
Daytime Phone #

CR2E034 (9/99)