

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000067206**

1. Entity Name

DB VENTURES, INC.

Principal Place of Business

**9551 BAYMEADOWS ROAD, STE. 4
JACKSONVILLE FL 32256**

Mailing Address

**9551 BAYMEADOWS ROAD, STE. 4
JACKSONVILLE FL 32256**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3274800**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STOKES, E. CHESTER JR.
9551 BAYMEADOWS ROAD, STE. 4
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

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

City

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.

SIGNATURE

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

(NOTE: Registered Agent's 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, 2001 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

TITLE	PD	☐ Delete
NAME	STOKES, E CHESTER JR	
STREET ADDRESS	9551 BAYMEADOWS RD 4	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	☐ Delete
NAME	BERGMANN THOMAS C	
STREET ADDRESS	9551 BAYMEADOWS RD 4	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VT	☐ Delete
NAME	FREDENHAGEN, SHARON W	
STREET ADDRESS	9551 BAYMEADOW RD 4	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	S	☐ Delete
NAME	HICE, SHERRY	
STREET ADDRESS	9551 BAYMEADOWS RD 4	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	☐ Delete
NAME	WALLACE, L D	
STREET ADDRESS	9551 BAYMEADOWS RD 4	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	☐ Delete
NAME	BRAREN, MICHAEL E	
STREET ADDRESS	9551 BAYMEADOWS RD 4	
CITY-STATE-ZIP	JACKSONVILLE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-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:

Sherry Hice

Sherry Hice, Secretary

4/16/01

904/739-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)