

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90269 024 ***150.00

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DOCUMENT # P94000067206

1. Entity Name
DB VENTURES, INC.



Principal Place of Business
**4315 PABLO OAKS COURT, STE. 1
JACKSONVILLE FL 32224-9667**

Mailing Address
**4315 PABLO OAKS COURT, STE. 1
JACKSONVILLE FL 32224-9667**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**STOKES, E. CHESTER JR.
4315 PABLO OAKS CT SUITE 1
JACKSONVILLE FL 32224**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	STOKES, E CHESTER JR	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	
TITLE	V	<input type="checkbox"/> Delete
NAME	KUNKEL, JOHN C	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FREDENHAGEN, SHARON W	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	
TITLE	S	<input type="checkbox"/> Delete
NAME	HICE, SHERRY	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	
TITLE	V	<input type="checkbox"/> Delete
NAME	WALLACE, L D	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRAREN, MICHAEL E	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Sherry Hice* **Sherry Hice** [Secretary]

4/23/03

904/482-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)