

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90209 026 ***150.00

DOCUMENT # **P94000088892**



1. Entity Name
DSB ENTERPRISES, INC.

Principal Place of Business
**19340 GULF BLVD.
INDIAN SHORES FL 33785
US**

Mailing Address
**19340 GULF BLVD.
INDIAN SHORES FL 33785
US**



2. Principal Place of Business
19340 Gulf Blvd.
Suite, Apt. #, etc.

3. Mailing Address
9000 Commodore Dr
Suite, Apt. #, etc.
405

CHECK HERE IF MAKING CHANGES

City & State
Indian Shores, FL

City & State
Seminole, FL

4. FEI Number **59-3283395**

Applied For
Not Applicable

Zip Country
33785 US

Zip Country
33776 US

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

**LAW OFFICE OF HAROLD V. HICKEY, P.A.
890 S. DIXIE HWY.
CORAL GABLES FL 33146**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	PSTD	<input type="checkbox"/> Delete
NAME	BOYD, J. DEAN	
STREET ADDRESS	19340 GULF BLVD.	
CITY-ST-ZIP	INDIAN SHORES FL 34635	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOYD, STEVEN C	
STREET ADDRESS	19340 GULF BLVD.	
CITY-ST-ZIP	INDIAN SHORES FL 34635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9000 Commodore Dr. #405	
CITY-ST-ZIP	Seminole, FL 33776	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9000 Commodore Dr #405	
CITY-ST-ZIP	Seminole, FL 33776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **J. Dean Boyd Pres.** Date: **2/12/03** Daytime Phone #: **(927) 560-1622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR