

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
Zip
33785
Country
US

City & State
Seminole, FL
Zip
33776
Country
US

4. FEI Number **59-3283395**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BOYD, J. DEAN
19340 GULF BLVD.
INDIAN SHORES FL 34635

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BOYD, STEVEN C
19340 GULF BLVD.
INDIAN SHORES FL 34635

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9000 Commodore Dr. #405
Seminole, FL 33776

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9000 Commodore Dr #405
Seminole, FL 33776

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 PRESIDENT **2/12/03** **(727) 560-1622**
Date Daytime Phone #