

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092817

1. Entity Name

D & B MANAGMENT, INC.

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90140 019 ***150.00

Principal Place of Business

Mailing Address

~~7445 PRESCOTT LN~~
LAKE WORTH FL 33467
US

~~7445 PRESCOTT LN~~
~~LAKE WORTH FL 33467-9849~~
US

608932

2. Principal Place of Business

3. Mailing Address

16389 Bridlewood Circle
Suite, Apt. #, etc.

16389 Bridlewood Circle
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Delray Beach, FL
Zip 33445 Country

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Zip 33445 Country

4. FEI Number 65-0541436

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

WOOLARD, JAMES J
7445 PRESCOTT LN
LAKE WORTH FL 33467

Name

Street Address (P.O. Box Numbers Not Acceptable)

16389 Bridlewood Circle

City

Delray Beach

FL

Zip Code 33445

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

James J. Woolard

1/11/00

(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	DP	<input type="checkbox"/> Delete
NAME	WOOLARD, JAMES J	
STREET ADDRESS	7445 PRESCOTT LANE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WOOLARD, ANN	
STREET ADDRESS	7445 PRESCOTT LANE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	16389 Bridlewood C.	
STREET ADDRESS	Delray Beach, FL 33445	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	16389 Bridlewood Circle	
STREET ADDRESS	Delray Beach, FL 33445	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

5616387676

Date

Daytime Phone #