## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2002 8:00 am Secretary of State P95000068094 DOCUMENT # 1. Entity Name 05-14-2002 90206 047 \*\*\*150.00 DB SERVICES, INC. Principal Place of Business Mailing Address 22445 SW 66TH AVE 22445 SW 66TH AVE #201 **BOCA RATON FL 33428 BOCA RATON FL 33428** HS 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 101 City & State City & State 4. FEI Number Applied For 59-3338547 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAYLESS, PAUL 22445 SW 66 AVE #201 STE 502 **BOCA RATON FL 33428** 8. The above named entity submits this etatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. stered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete TITLE BAYLESS, PAUL NAME NAME 22445 SW 66 AVE #201 STREET ADDRESS CR2E034 STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition PHILLIPS, RICHARD D NAME 950 SW 69TH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition WELLS, DAVE NAME NAME STREET ADDRESS 1318 NW 4TH ST STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP ST TITLE ☐ Defete TITLE ☐ Addition BAYLESS, 1ZUMI 081 Bermuda Point BAYLESS, IZUMI NAME NAME 22445 SW 66TH AVE #201 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 n address, with all a ther like empowered

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

FILED