

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024177

1. Entity Name

DBS DESIGN CENTERS, INC.

Principal Place of Business

12851 METRO PARKWAY
FORT MYERS FL 33912

Mailing Address

BOX 1170
DEERFIELD BEACH FL 33441

2. Principal Place of Business

12851 METRO PKWY.

3. Mailing Address

Box 1170

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS, FLA.

City & State

DEERFIELD BEACH

4. FEI Number

65-0751919

Applied For

Not Applicable

Zip

33912

Country

US

Zip

33441

Country

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

BELL, GREG

12851 METRO PARKWAY
FORT MYERS FL 33912

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.

SIGNATURE

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, 2001 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

TITLE PD
NAME DIETRICH, EDWARD H
STREET ADDRESS 19780 118 TRAIL SOUTH
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE VD
NAME WANZENBERG, BRADLEY E
STREET ADDRESS 906 SE 11TH STREET
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE STD
NAME DIETRICH, PATRICIA A
STREET ADDRESS 19780 118 TRAIL SOUTH
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 19, 2001 8:00 am
Secretary of State

04-30-2001 90380 020 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)