

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090031

1. Entity Name

D.A.B. PROFESSIONAL SERVICES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90152 041 ***150.00

Principal Place of Business

1086 SW 28TH AVENUE
BOYNTON BEACH FL 33426

Mailing Address

1086 SW 28TH AVENUE
BOYNTON BEACH FL 33426

2. Principal Place of Business

718 ST CROIX COVE

Suite, Apt. #, etc.

3. Mailing Address

718 ST. CROIX COVE

Suite, Apt. #, etc.

City & State

NICEVILLE, FL

City & State

NICEVILLE FL

Zip

32578

Country

USA

Zip

32578

Country

USA

4. FEI Number

65-0787969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURGIS, DEAN
1086 SW 28TH AVENUE
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

DEAN BURGIS

Street Address (P.O. Box Number is Not Acceptable)

718 ST. CROIX COVE

City

NICEVILLE

FL

Zip Code

32578

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 ☐ Delete
NAME P
STREET ADDRESS BURGIS, DEAN A.F.
CITY-ST-ZIP 1086 S.W. 28TH AVENUE
BOYTON BCH FL 33426

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE:

Dean A. Burgis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

850/837-8242

Daytime Phone #

CR2E034 (10/00)