

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064209

1. Entity Name

DISTINCTIVE KERB, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90077 014 \*\*\*150.00

Principal Place of Business

657 CARRIGAN WOODS II  
OVIDEDO FL 32765

Mailing Address

657 CARRIGAN WOODS II  
OVIDEDO FL 32765-7987

2. Principal Place of Business

657 CARRIGAN Woods Tr  
Suite, Apt. #, etc.

3. Mailing Address

657 CARRIGAN Woods Tr  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Oviedo FL

City & State

Oviedo FL

4. FEI Number

59-3524890

Applied For

Not Applicable

Zip

Country

32765

Zip

Country

32765

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

RILEY, DAVE  
657 CARRIGAN WOODS TRAIL  
OVIDEDO FL 32765

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]*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/00

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 P  
NAME RILEY, DAVE  
STREET ADDRESS 657 CARRIGAN WOODS TRAIL (657)  
CITY-ST-ZIP OVIDEDO FL 32765

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME DUPLANTIS, BRIEN  
STREET ADDRESS 2028 EXCALIBAR DR  
CITY-ST-ZIP ORLANDO FL 32822

TITLE  
NAME  
STREET ADDRESS 11006 Regency Commons Ct.  
CITY-ST-ZIP Orlando FL 32837

TITLE SD  
NAME DUPLANTIS, NOLAN J  
STREET ADDRESS 2028 EXCALIBAR DR  
CITY-ST-ZIP ORLANDO FL 32822

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

Date

407-977-9074

Daytime Phone #

CR2E034 (9/99)