

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081571

1. Entity Name

DKB & ASSOCIATES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90051 021 ***150.00

Principal Place of Business

4030 NE JOE'S POINT ROAD
STUART FL 34996

Mailing Address

1820 NE JENSEN BEACH BOULEVARD. PMB 626
JENSEN BEACH FL 34957-7212

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3536034**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEARD, DONESE K
131 NW 73 TERR
PLANTATION FL 33317

Name **DONESE K. BEARD**

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

2283 NW 22 AVE #103

City **STUART**

FL

Zip Code **34994**

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 *Donese K. Beard*
Signature, typed or printed name of registered agent and title if applicable

DONESE K. BEARD

4/12/00
Date

(NOTE: Registered Agent signature required when reinstating)

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** ☐ Delete
NAME **BEARD, DONESE K**
STREET ADDRESS **131 NW 73RD TERR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE **P** ☒ Change ☐ Addition
NAME **DONESE K. BEARD**
STREET ADDRESS **2283 NW 22 AVE #103**
CITY-ST-ZIP **STUART, FL 34994**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Donese K. Beard **DONESE K. BEARD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00
501-692-7000

CR2E034 (9/99)