

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091673

1. Entity Name

DMB DATABASE SOLUTIONS, INC.

FILED

May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90103 002 \*\*\*150.00

Principal Place of Business

Mailing Address

120 E. OAKLAND BLVD  
FT. LAUDERDALE FL 33334  
US

120 EAST OAKLAND PARK BLVD.. #105  
PARK PLAZA PROFESSIONAL BUILDING  
FT. LAUDERDALE FL 33334-1106

2. Principal Place of Business

3. Mailing Address

1920 NE 51 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#206

City & State

City & State

Ft Lauderdale FL

Zip

Country

Zip

33308

Country

Broward

4. FEI Number

59-3540380

Applied For

Not Applicable

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

BOND, DAVID  
120 E. OAKLAND PK BLVD  
STE 105  
FT LAUDERDALE FL 33334

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, 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 ☐ Delete  
NAME P  
STREET ADDRESS BOND, DAVID  
CITY-ST-ZIP 120 E. OAKLAND PK BLVD #105  
FT LAUDERDALE FL 33334

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID BOND

Date

Daytime Phone #

4-30-00

754-938-0169