

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017242

1. Entity Name

DABA ENTERPRISES, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90028 032 ***150.00

Principal Place of Business

656 66TH AVENUE SOUTH
ST. PETERSBURG FL 33705

Mailing Address

656 66TH AVENUE SOUTH
ST. PETERSBURG FL 33705-5934

2. Principal Place of Business

800 2nd Ave, N.E.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FLORIDA

City & State

Zip

33701

Country

USA

Country

4. FEI Number

59 356 0039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

ROBERT M. ADDOMS

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

656 66TH AVE S.

City

ST PETERSBURG

FL

Zip Code

33705

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

Robert M Addoms, V.P.

1/6/2000

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ADDOMS, DOROTHY M
656 66TH AVENUE SOUTH
ST. PETERSBURG FL 33705 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
ADDOMS, ROBERT M
656 66TH AVENUE SOUTH
ST. PETERSBURG FL 33705 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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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

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☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. ADDOMS 1/6/2000

Date

Daytime Phone #

(727) 866-0639

CR2E034 (9/99)