

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 16, 2000 8:00 am**
Secretary of State

05-16-2000 90021 034 ***150.00

DOCUMENT # P99000045458

1. Entity Name

D & B SUPPLY CORPORATION OF PASCO

Principal Place of Business

Mailing Address

18TH ST.
ZEPHYRHILLS FL 335405309 18TH ST.
ZEPHYRHILLS FL 33540-4662

2. Principal Place of Business

5519 Gail Blvd

3. Mailing Address

5519 Gail Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zephyrhills FL

City & State

Zephyrhills FL

Zip

Country

33541**Pasco**

Zip

Country

33541**Pasco**

4. FEI Number

59-3581390

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KECK, EDWIN B
5309 18TH ST.
ZEPHYRHILLS FL 33540**

7. Name and Address of New Registered Agent

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Edwin B. Keck	
STREET ADDRESS	5309 18th St	
CITY-ST-ZIP	Zephyrhills FL 33540	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Deborah D. Walker	
STREET ADDRESS	5309 18th St	
CITY-ST-ZIP	Zephyrhills FL 33540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:**Deborah D. Walker** **Deborah D. Walker** **4/4/00** **813 788-8140**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #