

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085889

1. Entity Name
CDB INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State
07-26-2000 90018 034 ***558.75

Principal Place of Business
274 E. MAIN ST., RT. 1. BOX 2
POMONA PARK FL 32181

Mailing Address
274 E. MAIN ST., RT. 1. BOX 2
POMONA PARK FL 32181

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

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

BROWN, CARL D
274 E. MAIN ST., RT. 1, BOX 2
POMONA PARK FL 32181

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Most Fund Contribution: ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BROWN, CARL D
RT. 1, BOX 2
POMONA PARK FL 32181

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ 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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL DAVID BROWN

Date

Daytime Phone #

7/24/00 904 649-9311

CR2E034 (5/00)

Doc# P99000085889

B0103690


Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Greetings,

This letter is to inform you that we did not receive the first mailing
Of the 2000 Uniform Business Report.

I called your office and was told to do this and send a check for \$150.00.

Thank you so much for your trust and understanding in this matter.
May God bless.


Dan Hiscock
PVNS,INK.