

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90065 010 ***158.75

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DOCUMENT # P99000087356

1. Entity Name

DB STRUCTURAL DESIGNS, INC.

Principal Place of Business

**2251 SHADOW OAKS RD.
SARASOTA FL 34240**

Mailing Address

**2251 SHADOW OAKS RD.
SARASOTA FL 34240**

2. Principal Place of Business

1626 BARBER RD.

3. Mailing Address

1626 BARBER RD.

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34240

Country

Zip

34240

Country

4. FEI Number

65-0953394

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BALL, DOUGLAS W
2251 SHADOW OAKS RD.
SARASOTA FL 34240**

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, 2001 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 **PS** ☐ Delete
NAME **BALL, DOUGLAS W**
STREET ADDRESS **2251 SHADOW OAKS RD**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **T** ☒ Delete
NAME **SELBY, JOELYN D**
STREET ADDRESS **2251 SHADOW OAKS RD**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/T** ☒ Change ☐ Addition
NAME **BALL, DOUGLAS W.**
STREET ADDRESS **2251 SHADOW OAKS RD**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **V/S** ☐ Change ☒ Addition
NAME **WRIGHT, CHRISTOPHER S.**
STREET ADDRESS **2579 MAN OF WAR CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34240**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

DOUGLAS W. BALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01
Date

(941) 342-0398
Daytime Phone #

CR2E034 (10/00)