

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 10, 2000 8:00 am
Secretary of State

04-13-2000 90079 038 ***150.00

DOCUMENT # P99000106775

1. Entity Name

D & B SERVICES OF ORANGE PARK, INC.

Principal Place of Business

~~626 TERRA FARMS DRIVE~~
~~MIDDLEBURG FL 32068~~
1857 Wells Rd Suite 201
ORANGE PARK, FL 32073

Mailing Address

TARA
626 TERRA FARMS DRIVE
MIDDLEBURG FL 32068

2. Principal Place of Business

1857 Wells Rd.
Suite, Apt. #, etc.
201

3. Mailing Address

626 TARA FARMS Dr.
Suite, Apt. #, etc.

City & State

ORANGE PARK, FL.

City & State

ORANGE PARK, FL.

Zip

32073

Country

CLAY

Zip

32068

Country

FL

4. FEI Number

59-3596379

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANZONI, MARK (ACCOUNTANT)
626 TERRA FARMS DRIVE
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

Name

Deborah L. Spratley

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

626 TARA FARMS Dr.

City

Middleburg

FL

Zip Code

32068

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

Deborah L. Spratley

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 ☐ Delete

President
Deborah L. Spratley
626 TARA FARMS Dr.
Middleburg, FL 32068

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

Vice President
Robert K. Spratley
626 TARA FARMS Dr.
Middleburg, FL 32068

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

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

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

TITLE 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:

Deborah L. Spratley
Deborah L. Spratley
President

4/1/00

904-215-6001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)