

DOCUMENT # P99000106775

1. Entity Name  
**D & B SERVICES OF ORANGE PARK, INC.**

Principal Place of Business

**1857 WELLS ROAD  
201  
ORANGE PARK FL 32073**

Mailing Address

**626 TARA FARMS DRIVE  
MIDDLEBURG FL 32068**

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 **59-3596379**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SPRATLEY, DEBORAH L  
626 TERRA FARMS DRIVE  
MIDDLEBURG FL 32068**

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

*Deborah L. Spratley*  
1/3/01

(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 ☐ Delete

**P  
SPRATLEY, DEBORAH L  
626 TARA FARMS DRIVE  
MIDDLEBURG FL 32068**

TITLE ☐ Delete

**VP  
SPRATLEY, ROBERT K  
626 TARA FARMS DRIVE  
MIDDLEBURG FL 32068**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Deborah L. Spratley*  
President

Date

1/3/01

Daytime Phone #

904-215-6001

**FILED  
Jan 08, 2001 8:00 am  
Secretary of State**

01-08-2001 90042 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)