

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90035 003 ***150.00

0462566 AN

DOCUMENT # S80613

1. Entity Name
DBA FINANCIAL GROUP, INC.

Principal Place of Business

**8050 SEMINOLE MALL
 SUITE 102
 SEMINOLE FL 33772
 US**

Mailing Address

**8050 SEMINOLE MALL
 SUITE 102
 SEMINOLE FL 33772
 US**

2. Principal Place of Business

**7985 113th Street
 Suite 102**

3. Mailing Address

**7985 113th Street
 Suite 102**

City & State

Seminole, FL

City & State

Seminole, FL

Zip

33772

Country

US

Zip

33772

Country

US

6. Name and Address of Current Registered Agent

**PIPPEN, JOSEPH F., JR
 655 ULMERTON ROAD
 BLDG. NO. 11
 LARGO FL 34641**

4. FEI Number

59-3098271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	BROWN, DONALD R.	
STREET ADDRESS	8887-124TH WAY NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, DONALD R.	
STREET ADDRESS	8887-124TH WAY NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROWN, DONALD R.	
STREET ADDRESS	8887-124TH WAY NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, DONALD R.	
STREET ADDRESS	8887-124TH WAY NORTH	
CITY-ST-ZIP	SEMINOLE FL	
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	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Donald R. Brown - Donald R. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02

Date

727-393-8373

Daytime Phone #

CR2E034 (9/01)