2000 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2000 8:00 am **DOCUMENT # H67293** Secretary of State 1. Entity Name 03-07-2000 90031 005 ***150.00 DPF INTERNATIONAL INC. Principal Place of Business Mailing Address 22107 US 19 N 22107 US 19 N CLEARWATER FL 33765-2365 CLEARWATER FL 33765 C0033196 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2555603 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOSS, JACK Street Address (P.O. Box Number is Not Acceptable) 1717 WINFIELD RD S. **CLEARWATER FL 33765** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12, ΠP ☐ Delete Change ☐ Addition TITLE TITLE GOSS, JACK NAME NAME STREET ADDRESS STREET ADDRESS 1717 WINFIELD RD S. CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33765** Change ☐ Addition Delete TITLE TITLE O'CONNOR, JACQUELYN NAME NAME STREET ADDRESS STREET ADDRESS 1752 LAKEVIEW RD CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Addition Change ☐ Delete TITLE TITLE GOSS, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 2103 LAUREN DR CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SISTEM SIGNATURE AND TYPED ON REINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 15, 2000 727 796731.

FILED