

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 696350

1. Entity Name

D. F. GOUVERT, ENTERPRISES, INC.

FILED

Mar 03, 2000 8:00 am  
Secretary of State

03-03-2000 90256 013 \*\*\*150.00

Principal Place of Business

660 W. LINTON BLVD.  
SUITE 202  
DELRAY BEACH FL 33444  
US

BRIDGEWOOD CT

BOCA RATON  
FL 33433

Mailing Address

660 W. LINTON BLVD.  
SUITE 202  
DELRAY BEACH FL 33487-2841  
US

U I I V O O



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2111036

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOUVERT, DOLORES F

660 W LINTON BLVD. 202

900-B

DELRAY BEACH FL 33444.

Name

GOUVERT DOLORES F.

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

6842 BRIDGEWOOD CT

City

BOCA RATON

FL

Zip Code

33433

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

*Dolores F. Gouvert*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/31/2000

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 PST  
NAME GOUVERT, DOLORES F  
STREET ADDRESS 2092 SW 21 TERR, D-1  
CITY-ST-ZIP DELRAY BCH. FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST  
NAME DOLORES F. Gouvert  
STREET ADDRESS 6842 BRIDGEWOOD CT  
CITY-ST-ZIP BOCA RATON, FL 33433

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Dolores F. Gouvert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)