

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90161 002 ***150.00

DOCUMENT # 696350

1. Entity Name
D. F. GOUVERT, ENTERPRISES, INC.

*THIS IS
 SPILLED UPON ME*

Principal Place of Business

~~6842 BRIDGEWOOD CT~~
BOCA RATON FL 33433
 US

Mailing Address

~~6842 BRIDGEWOOD CT~~
BOCA RATON FL 33433
 US

2. Principal Place of Business

BRIDLEWOOD CT
 Suite, Apt. #, etc.

3. Mailing Address

BRIDLEWOOD CT
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

59-2111036

Applied For

Not Applicable

Zip
33433

Country
USA

Zip
33433

Country
USA

5. Certificate of Status Desired - ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOUVERT, DOLORES F
~~6842 BRIDGEWOOD CT~~
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name **GOUVERT, DOLORES F.**
 Street Address (P.O. Box Number is Not Acceptable)
6842 BRIDLEWOOD 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)

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 NAME STREET ADDRESS CITY-ST-ZIP	PST GOUVERT, DOLORES F 6842 BRIDGEWOOD CT BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	6842 BRIDLEWOOD CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DOLORES F. GOUVERT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/02 **561-750 0650**
 Date Daytime Phone #

CR2E034 (9/01)