

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90050 032 \*\*\*150.00

DOCUMENT # R 97917  
 1. Entity Name  
DEPUE ENTERPRISES, INC.

Principal Place of Business  
1472-19th ST.  
PALM HARBOR, FL  
34683

Mailing Address  
P.O. BOX 63  
PALM HARBOR, FL.  
34682-0063

2. Principal Place of Business  
~~1472-19th ST.~~

3. Mailing Address  
~~P.O. BOX 63~~

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
~~PALM HARBOR, FL~~

City & State  
PALM HARBOR, FL

Zip  
~~34683~~

Country  
~~P. VELLAS~~

Zip  
34682-0063

Country  
P. VELLAS

4. FEI Number  
59-2933879

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
DEPUE, LEROY  
1472-19th STREET  
PALM HARBOR, FL 34683

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 \_\_\_\_\_ (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, 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 <u>D</u> <u>DEPUE, LEROY</u>	<input type="checkbox"/> Delete
NAME <u>P.O. BOX 63</u>	
STREET ADDRESS <u>PALM HARBOR, FL 34682-0063</u>	
CITY-ST-ZIP	
TITLE <u>D</u> <u>DEPUE, KAREN</u>	<input type="checkbox"/> Delete
NAME <u>P.O. BOX 63</u>	
STREET ADDRESS <u>PALM HARBOR, FL 34682-0063</u>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	

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: [Signature] 4/14/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)