

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L43274

1. Entity Name

DPL COMPUTING, INC.

FILED

May 20, 2000 8:00 am
Secretary of State

05-20-2000 90007 043 ***150.00

Principal Place of Business Mailing Address
% BENJAMIN P. LIPTON % BENJAMIN P. LIPTON
230 SOUTH CYPRESS ROAD, SUITE 6037 230 SOUTH CYPRESS ROAD, SUITE 6037
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-7001

2. Principal Place of Business 3. Mailing Address
623 E ATLANTIC 623 E ATLANTIC BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
BLVD # 6037 #6037

City & State City & State
Zip Country Zip Country
33060



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0127589
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LIPTON, BENJAMIN P.
230 S CYPRESS RD
SUITE 6037
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
623 E ATLANTIC BLVD #6037
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 _____
Signature, typed or printed name of registered agent and title if applicable.

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 P ☐ Delete
NAME LIPTON, DAVID P.
STREET ADDRESS 230 S. CYPRESS RD. #6037
CITY-ST-ZIP POMPANO BEACH FL
TITLE D ☐ Delete
NAME LIPTON, FAY S.
STREET ADDRESS 4701 MARTINIQUE DR #A3
CITY-ST-ZIP COCONUT CREEK FL
TITLE VP ☐ Delete
NAME LIPTON, BENJAMIN B.
STREET ADDRESS 4701 MARTINIQUE DR. #A3
CITY-ST-ZIP COCONUT CREEK FL
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 623 E ATLANTIC BLVD #6037
CITY-ST-ZIP
TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS ~~623 E ATLANTIC BLVD #6037~~
CITY-ST-ZIP H/A
TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP H/A
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ 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: David P. Lipton 4/29/00 954 781 2918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2-034 (9/99)