

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L88031

1. Entity Name

DUBE' ENTERPRISES, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90042 040 ***150.00

Principal Place of Business

2734 CRANBROOK DR
BOYNTON BEACH FL 33436
US

Mailing Address

2734 CRANBROOK DR
BOYNTON BEACH FL 33436-5704
US

00023461



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 15-6228234

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DUBE', J. STANLEY
2734 CRANBROOK DR
BOYNTON BEACH FL 33436

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD	DUBE', J. STANLEY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	2734 CRANBROOK DR		
CITY - ST - ZIP	BOYNTON BEACH FL 33436		
<input type="checkbox"/> Delete			
CVD	DUBE, BARBARA B	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	2734 CRANBROOK DR		
CITY - ST - ZIP	BOYNTON BCH FL 33436		
<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/00 561-369-8689
Date Daytime Phone #

CR2524 (0/00)