

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018898

1. Entity Name

D-BOE POWER PLUS INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90061 036 ***150.00

Principal Place of Business

Mailing Address

1306 HYPOLUXO RD.
 LANTANA FL 33462

961 BOLENDER DR.
 DELRAY BCH. FL 33483-4970

2. Principal Place of Business

3. Mailing Address

1306 Hypoluxo Road

961 Boleuder Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 LANTANA Florida

City & State
 Delray Bch FL

4. FEI Number 65-0411832

Applied For
 Not Applicable

Zip
 33462

Country
 PALM BEACH

Zip
 33483

Country
 Palm Beach

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

DAGATA, WILLIAM J
 961 BOLENDER DR
 DELRAY BCH FL 33483

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

TITLE PD
 NAME DAGATA, WILLIAM J.
 STREET ADDRESS 961 BOLENDER DR
 CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPST
 NAME DAGATA, MARIETTA
 STREET ADDRESS 3722 ARELIA DR N
 CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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

WILLIAM J DAGATA JR

Date

561-585-2029

Daytime Phone #

4-5-00

CR2E034 (9/99)