## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P95000020313 Mar 22, 2000 8:00 am 1. Entity Name DEBBIE J. DLOUHY ENTERPRISES, INC. **Secretary of State** 03-22-2000 90094 012 \*\*\*150.00 Mailing Address Principal Place of Business 1303 13TH LANE 1303 13TH LANE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-3558 2. Principal Place of Business 3. Mailing Address <u> 5642 Golden Eagle Circle</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0566297 Palm Beach Gardens Not Applicable Palm Beach Gardens \$8.75 Additional 5. Certificate of Status Desired Fee Required US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Dlouby, Debbie DLOUHY, DEBBIE J Street Address (P.O. Box Number is Not Acceptable) 1303 13TH LANE PALM BEACH GARDENS FL 33418 Golden Eagle Circle 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE ☐ Addition Delete TITLE Dlouny, Debbie J DLOUHY, DEBBIE J NAME NAME 5642 Golden Eagle Circle STREET ADDRESS STREET ADDRESS 1303 13TH LANE CITY-ST-ZIP Palm Beach Gardens, FL CITY-ST-ZIP PALM BEACH GARDENS FL 33418 Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Debbe