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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Mar 29, 2001 8:00 am DOCUMENT # P97000048259 **Secretary of State** DPJL, INC. 03-29-2001 91016 029 ***158.75 Principal Place of Business Mailing Address 3083 TAMIAMI TRAIL P.O. BOX 1088 PORT CHARLOTTE FL 33952 NEW LISKEARD ONTARIO POJ1PO CANADA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4456 Tamian Irai Applied For City & State 4. FEI Number 65-0838276 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME LACHAPELLE, JEAN P Street Address (P.O. Box Number is Not Acceptable) 3083 TAMIAMI TRAIL 4456 Tamiami Trail PORT CHARLOTTE FL 33952 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) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete SAMe LACHAPELLE, DIANE J NAME SAME 3083 TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS 4456 Tamami Trail-US41 CITY-ST-ZIP PORT CHARLOTTE FL 33952 CITY-ST-7IP har lotte Harbor, Floring 33980 SAME TITLE ☐ Delete TITLE L'ACHAPELLE, JEAN P NAME NAME 3083 TAMIAMI TRAIL 4456 Tamiani Trail-US41 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33952 CITY-ST-ZIP Charlotte HARbori Florida 33980 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE 👉 🔲 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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