2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90143 010 ***150.00

DOCUMENT # P99000071349

1. Entity Name
DVPN, INC.

Principal Place of Business	Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
24850 OLD 41 ROAD	SAME	59-3590105
Suite, Apt. #, etc. 24	Suite, Apt. #, etc	☐ Applied For ☐ Not Applicable
City & State BONITA SPRINGS, FL	City & State	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 34135 Country USA	Zip	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: CHRISTOPHER MENIER

Street Address (P.O. Box Number is Not Acceptable)

24850 OLD 41 ROAD, STE. 24

City: BONITA SPRINGS FL Zip Code 34135

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.

X Christopher Menier, President 4/25/2000
Signature, typed or printed name of registered agent and title if applicable (Must be signed by registered agent when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

$50.00
Make Checks Payable

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	PRES. CHRISTOPHER MENIER 1310 SE 33RD TERRACE CAPE CORAL, FL 33990 ☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	☐ Change ☐ Addition
	V.P. GARY SAWYER 3572 UNIQUE CIRCLE FT. MYERS, FL 33908 ☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	☐ Change ☐ Addition

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: X Christopher Menier 4/25/2000 941-948-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #