

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097368

1. Entity Name
D. P. L., INC.

Principal Place of Business

~~2000 BANYAN RD.~~
~~BOCA RATON FL 33432~~

Mailing Address

P O BOX 563
BOCA RATON FL 33429

2. Principal Place of Business

206 NE 2nd Street
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Deerfield Beach
33441 FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0772947

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JOHN P
2499 GLADES RD., STE. 305A
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name Debbie Lauricella
Street Address (P.O. Box Number is Not Acceptable)
Same as below
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 JOHN Miller John Miller Debbie Lauricella 8/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE P
NAME LARUICELLA, PHILLIP
STREET ADDRESS 372- 4TH AVE
CITY-ST-ZIP DEERFIELD BCH FL 33432 ☐ Delete

TITLE O
NAME LAURICELLA, DEBBIE
STREET ADDRESS 5037 NW 3RD TERR
CITY-ST-ZIP BOCA RATON FL 33441 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 information empowered.

SIGNATURE: Debbie Lauricella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/01 561-338-8846
Date Daytime Phone #

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90111 007 ***550.00

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DO NOT WRITE IN THIS SPACE

AT 9188110

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