2002 Uniform Business Report (UBR)

Apr 08, 2002 8:00 am Secretary of State DOCUMENT # S62656 1. Entity Name DLF INTERNATIONAL, INC. 04-08-2002 90247 050 ***150 00 Principal Place of Business Mailing Address 5820 1ST STREET S.W. 5820 1ST STREET S.W. VERO BEACH FL 32968 VERO BEACH FL 32968 IIS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3074510 Not Applicable Zip Country Zip 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 Name HENDERSON, STEVE L Street Address (P.O. Box Number is Not Acceptable) 817 BEACHLAND BLVD VERO BEACH FL 32963 City 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPT ☐ Delete TITLE DP ☐ Addition CR2E034 (9/01 NAME FEEK, DOUGLAS L NAME Feck, Douglas L. 160 44th Terrace SW 1012 POITRAS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP vero beach fl CITY-ST-ZIP Vero Beach, FL 32948 TITLE DS ☐ Delete TITLE DST Change ☐ Addition NAME FEEK, MELANIE B NAME Feek, Molanic B. STREET ADDRESS 1012 POITRAS DR STREET ADDRESS 160 444h Terrace SW. CITY-ST-ZIP CITY-ST-ZIP vero BCH FL vero Beach TITLE----n. - Delete --TITLE = ☐ Addition ☐ Change NAME FEEK, WILLIAM NAME STREET ADDRESS 1483 COUNTY RD 579 STREET ADDRESS CITY-ST-ZIP DADE CITY FL CITY-ST-ZIP TITLE D۷ ☐ Delete TITLE ☐ Change ☐ Addition NAME HALL, WILLIAM E NAME STREET ADDRESS 3226 ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP vero BCH FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Weaver, Alisa NAME STREET ADDRESS 4026 CYPRESS LANDING SO STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP TITLE Delete TITLE ☐ 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