

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V02831

1. Entity Name

D.T. ENTERPRISES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90030 038 ***150.00

Principal Place of Business

4633 10TH AVENUE NORTH
 LAKE WORTH FL 33463
 US

Mailing Address

4633 10TH AVENUE NORTH
 LAKE WORTH FL 33463-2203
 US

2. Principal Place of Business

3. Mailing Address

1516 E. Colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

City & State

City & State

Orlando

FL

4. FEI Number

65-0304056

Applied For

Not Applicable

Zip

Country

Zip

32803

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEUSE, DON A.
 597 CAROLINE AVENUE
 W PALM BEACH FL 33413

Name

William A. Clemmer

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

1516 E. Colonial Dr

Suite 300

City

Orlando

FL

Zip Code

32803

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)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEUSE, DON A.	
STREET ADDRESS	597 CAROLINE AVENUE	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MEUSE, JANICE L.	
STREET ADDRESS	597 CAROLINE AVE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FLYNN, DIANA LYNN	
STREET ADDRESS	404 BROWARD AVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FLYNN, TIMOTHY L.	
STREET ADDRESS	404 BROWARD AVE.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MEUSE, DON A.	
STREET ADDRESS	597 CAROLINE AVENUE	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMMER, WILLIAM A	
STREET ADDRESS	1516 E. COLONIAL DR, STE 300	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	V, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMMER, BRETT A	
STREET ADDRESS	1516 E. COLONIAL DR, STE 300	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, WILLIAM E	
STREET ADDRESS	12 BREAKWATER COVE	
CITY-ST-ZIP	CHELSEA MA 02150	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 William A. Clemmer

Date

Daytime Phone #

CR2E034 (9/99)