

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90492 031 ***150.00

DOCUMENT # V24818

1. Entity Name

D V F ENTERPRISES, INC.

Principal Place of Business

**3113 HARPER DR.
 NAVARRE FL 32566**

Mailing Address

**3113 HARPER DR.
 NAVARRE FL 32566**

2. Principal Place of Business

700-I N. Beal Pkwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Walton Bch., FL

City & State

Zip

32547

Country

OKA100SA

Country

4. FEI Number **59-3116250**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VAN FOSSEN, FAYE
 3113 HARPER AVE.
 NAVARRE FL 32566**

7. Name and Address of New Registered Agent

Name

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

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

Faye Van Fossen
 Signature, typed or printed name of registered agent and title if applicable.

FAYE VAN FOSSEN V.P.

3.15.2001

(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, 2001 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

TITLE **DP** ☐ Delete
 NAME **VAN FOSSEN, DAVID**
 STREET ADDRESS **3113 HARPER DR.**
 CITY-ST-ZIP **NAVARRE FL**

TITLE **DST** ☐ Delete
 NAME **VAN FOSSEN, FAYE**
 STREET ADDRESS **3113 HARPER DR.**
 CITY-ST-ZIP **NAVARRE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VP** ☒ Change ☐ Addition
 NAME **VAN FOSSEN, FAYE**
 STREET ADDRESS **3113 Harper Dr**
 CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE **S/T** ☐ Change ☒ Addition
 NAME **ROBIN LANTZ**
 STREET ADDRESS **3113 Harper Dr**
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Jeremy Winbery**
 STREET ADDRESS **3113 Harper Dr**
 CITY-ST-ZIP **NAVARRE FL 32566**

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

TITLE ☐ Change ☐ 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:

Faye Van Fossen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.15.2001 850 939 3088

CR2E034 (10/00)

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