## **2002 UNIFORM BUSINESS REPORT (UBR)**

2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # V38826  1. Entity Name							FILED Jan 16, 2002 8:00 am Secretary of State			
D&PEN	NTERPRIS	SES OF HENDRY C	OUNTY, INC.				01-16-2002 90266 (			
Principal Place RT. 2. BOX 1 CLEWISTON I		s	Mailing Address RT. 2. BOX 1214 CLEWISTON FL						6161/ <b>6</b> 161/ 1664	
2. Principal F	Place of Busin	ness	3. Mailing Address							
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	te		City & State			4.	4. FEI Number 65-0345118 Applied For Not Applicable			
Zip Country		Country	Zip Coun		try	5.	5. Certificate of Status Desired  \$8.75 Additional Fee Required		ditional	
6. Name and Address of Current Registered Agent					Name	7. 1	Name and Address of New Registered	Agent		
-	RISTOPHER				Street Add	dress (P.O. E	Box Number is Not Acceptable)			
CLEWIST(	ON FL 3344	U		City			FL	Zip Cod	le	
8. The above	named entity	y submits this statement for	the purpose of changing its	register	ed office or r	egistered ag	ent, or both, in the State of Florida.			
Tax filing	oration is eligi requirement a	or printed name of registered agent an ible to satisfy its Intangible and elects to do so.	FILE NOW!	!! FEE 02 Fee	IS \$150.00 will be \$55	0.00	10. Election Campaign Financing		00 May Be	
(See crite	ria on back)	OFFICERS AND D	Make Check Payab	le to De	epartment (		DITIONS/CHANGES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAGNE, PAUL E. RT. 2, BOX 1214 CLEWISTON FL  DST GAGNE, DAWN P. RT. 2, BOX 1214 CLEWISTON FL		CITY- Delete TITLE NAME STREE				·	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1				☐ Change	☐ Addition	
TITLE NAME Street Address City-St-Zip			☐ Delete					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
indicated of the cor	on this repor poration or th	t or supplemental report is tr e receiver or trustee empow chment with an address wit	rue and accurate and that n rered to execute this report th all other like empowered.	ny signat as requir	ure shall hav ed by Chapt	e the same I er 607, Florid	119.07(3)(i), Florida Statutes. I further cer egal effect as if made under oath; that I da Statutes; and that my name appears i	am an officer n Block 11 oi	or director	