2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90033 026 ***150.00

0355693 AV

DOCUMENT # G70450

1. Entity Name
D.R.G. ASSOCIATED ENTERPRISES, INCORPORATED

Principal Place of Business	Mailing Address
8391 BONITA ISLE DR. LAKE WORTH FL 33467	505 LIGHTHOUSE DR NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1396 N. KILLIAN DR.	
Suite, Apt. #, etc.: SUITE A	Suite, Apt. #, etc.
City & State: LAKE PARK FL	City & State
Zip: 33403 Country: PALM BEACH	Zip Country

4. FEI Number 59-2356010 ☐ Applied For ☐ Not Applicable

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
GIORDANO, DANIEL 8391 BONITA ISLE DR. LAKE WORTH FL 33467	Name: GIORDANO, DANIEL R. Street Address (P.O. Box Number is Not Acceptable): 505 LIGHTHOUSE DR. City: N. PALM BEACH FL Zip Code: 33408

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 ba... ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P. GIORDANO, DANIEL 8391 BONITA ISLE DR. LAKE WORTH FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	505 LIGHTHOUSE DR. N. PALM BEACH, FL 33408	☑ Change ☐ Addition
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CR2E034 (9/01)

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: _____ 3/30/02 561-494-0906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #