

# 2003 UNIFORM BUSINESS REPORT (UBR)

0061806 AV

**DOCUMENT # P01000000055**  
 1. Entity Name  
**DIGITAL GAGA INCORPORATED**

**FILED**  
 03 APR 29 AM 10:22

Principal Place of Business      Mailing Address  
**7616 HEMANN CIR**      **7616 HEMANN CIR**  
**MILTON FL 32583**      **MILTON FL 32583**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business      3. Mailing Address  
**3101 CHIPPEWA DRIVE**      **3101 CHIPPEWA DRIVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
**MILTON, FLORIDA**      **MILTON, FLORIDA**  
 Zip      Country      Zip      Country  
**32571**           **32571**           **32571**           **32571**

4. FEI Number      Applied For  
**59-3689304**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WHITTLE, DEBORA A**  
~~7616 HEMANN CIR~~ **3470 Hwy 97**  
~~MILTON FL 32583~~ **CANTONMENT, FL**  
**32533-9603**

7. Name and Address of New Registered Agent  
 Name **WHITTLE, DEBORA A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3470 S. Hwy 97**  
 City **CANTONMENT**      FL      Zip Code **32533-9603**

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 *Deborah A. Whittle*      DATE **4-14-03**  
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 Tax filing requirement and elects to do so. (See criteria on back)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MCKINNEY, GEORGE H</b> <b>3101 CHIPPEWA DR</b> <b>MILTON FL 32571</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MCKINNEY, TAMBRI S</b> <b>3101 CHIPPEWA DR</b> <b>MILTON FL 32571</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>NEW, RHONDA J</b> <b>920 BREEZY ACRES RD</b> <b>PENSACOLA FL 32534</b> →
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ROTH, BLAINE E</b> <b>920 BREEZY ACRES RD</b> <b>PENSACOLA FL 32534</b> →
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WHITTLE, DEBORA A</b> <b>7616 HEMANN CIR</b> <b>MILTON FL 32583</b> →
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WHITTLE, ROBERT J</b> <b>7616 HEMANN CIR</b> <b>MILTON FL 32583</b> →

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800018466198</b> <b>05/07/03--01096--025</b> <input checked="" type="checkbox"/> <b>\$150.00</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D NEW, RHONDA J</b> <b>11351 SUN PRAIRIE CT</b> <b>PARKER, CO 80138</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D ROTH, BLAINE E.</b> <b>11351 SUN PRAIRIE CT</b> <b>PARKER, CO 80138</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D WHITTLE, DEBORA A.</b> <b>11331 SUN PRAIRIE CT</b> <b>PARKER, CO 80138</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D WHITTLE, ROBERT J</b> <b>11331 SUN PRAIRIE CT</b> <b>PARKER, CO 80138</b>

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: *Deborah A. Whittle, President*      Date **4-14-03**      Daytime Phone # **303-405-4712**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)