## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2000 8:00 am Secretary of State DOCUMENT # P98000091269 D & G RENOVATIONS, INC. 04-29-2000 90016 032 \*\*\*150.00 Principal Place of Business Mailing Address 226 E. WINTER PARK STREET 226 E. WINTER PARK STREET ORLANDO FL 32804-4634 ORLANDO FL 32804 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3542174 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOUGLAS, RODNEY L Street Address (P.O. Box Number is Not Acceptable) 226 E. WINTER PARK STREET ORLANDO FL 32804 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition VSD TITLE Delete TITLE DOUGLAS, RODNEY L NAME NAME 17780 S.E. 237TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **UMATILLA FL 32784** Change Addition PTD TITLE □ Delete TITLE GRAVES. KENNETH L NAME NAME STREET ADDRESS 431 N. SANS SOUCI AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DELAND FL 32720 TITLE Change ☐ Addition ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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. DougLAS-V.P.