## Feb 05, 2002 8:00 am & Secretary of State . **FILED**

## 2002 UNIFORM BUSINESS REPORT (UBR)

P98000091269 DOCUMENT # 1. Entity Name D & G RENOVATIONS, INC. 02-05-2002 90128 009 \*\*\*150.00 Principal Place of Business Mailing Address 226 E. WINTER PARK STREET 226 E. WINTER PARK STREET ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3542174 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Addition TITLE TITLE DOUGLAS, RODNEY L NAME NAME STREET ADDRESS 17780 S.E. 237TH COURT STREET ADDRESS CITY-ST-ZIP **UMATILLA FL 32784** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE GRAVES, KENNETH L NAME NAME STREET ADDRESS 431 N. SANS SOUCI AVENUE STREET ADDRESS CITY-ST-ZIP DELAND FL 32720 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

