

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 691062

1. Entity Name

D.P.G. ENTERPRISES, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90050 047 \*\*\*150.00

Principal Place of Business

Mailing Address

RT. 34, BOX 383K  
C/O DOUGLAS P. GUILFORD  
TALLAHASSEE FL 32312

RT. 34, BOX 383K  
C/O DOUGLAS P. GUILFORD  
TALLAHASSEE FL 32312-9834

2. Principal Place of Business

3. Mailing Address

228 Aerie Hill  
Suite, Apt. #, etc.

228 Aerie Hill  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

TALLAHASSEE, FL

TALLAHASSEE, FL

4. FEI Number

59-2104457

Applied For

Not Applicable

Zip

Country

Zip

Country

32312

USA

32312

USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GUILFORD, DOUGLAS P.  
383 CARR DR  
TALLAHASSEE FL 32312

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 back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<input type="checkbox"/> Delete
PD	GUILFORD, DOUGLAS P.	3833 CARR LANE	TALLAHASSEE FL	<input type="checkbox"/>
SD	GUILFORD, PATTI L.	383 CARR LANE	TALLAHASSEE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS

P. GUILFORD

Date

Daytime Phone #

4/10/00

850

668-8730

CR2E034 (9/99)