

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90095 041 \*\*\*150.00

**DOCUMENT # F33440**

1. Entity Name

**DAG ARCHITECTS, INC.**

Principal Place of Business

Mailing Address

HWY 98  
 FL 32540

PO BOX 1395  
 DESTIN FL 32540-1395  
 US

**AUG3460**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1224 Airport Rd Ste**

3. Mailing Address

Suite, Apt. #, etc.  
**Ste 104**

Suite, Apt. #, etc.

City & State

**Destin, FL**

City & State

4. FEI Number

**59-2073995**

Applied For

Not Applicable

Zip

**32541**

Country

**USA**

Zip

Country

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

**BALANZATEGUI, W.O.**  
**1077 HIGHWAY 98**  
**DESTIN FL 32541**

Name

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

**1224 Airport Rd Ste 104**

City

**Destin**

FL

Zip Code  
**32541**

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

*W.O. Balanzategui*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-25-00**

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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **BLIMLING SAMUEL W**  
 CITY-ST-ZIP **4577 JOHN AVENUE**  
**DESTIN FL 32541**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **540 Old Hwy 98, Summer Lake # 7**  
 CITY-ST-ZIP **Destin, FL 32541**

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **CLARY, CHARLES W, III**  
 CITY-ST-ZIP **37 COUNTRY CLUB DR E**  
**DESTIN FL 32541**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **STD**  
 STREET ADDRESS **BALANZATEGUI, W.O.**  
 CITY-ST-ZIP **325 SUDDUTH CIRCLE, NE**  
**FORT WALTON BEACH FL 32548**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **BAKER, JACK D**  
 CITY-ST-ZIP **123 VALENCIA DRIVE**  
**FORT WALTON BEACH FL 32547**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **289 Beachview Dr, N.E.**  
 CITY-ST-ZIP **Fort Walton Beach, FL 32547**

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **BALLASCH, PATRICK L**  
 CITY-ST-ZIP **2441 DUNCAN DRIVE**  
**NICEVILLE FL 32578**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE:

*W.O. Balanzategui*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-00**

Date

**(850) 837-815**

Daytime Phone #

CR2E034 (9/99)