

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90068 036 \*\*\*158.75

**DOCUMENT # F33440**

1. Entity Name  
**DAG ARCHITECTS, INC.**

Principal Place of Business

**1223 AIRPORT ROAD  
SUITE #104  
DESTIN FL 32541  
US**

Mailing Address

**PO BOX 1395  
DESTIN FL 32540  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2073995**

Applied For

Not Applicable

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.  
1223 AIRPORT ROAD, SUITE #104  
DESTIN FL 32541**

Name

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

City

**FL**

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **BLIMLING, SAMUEL W**  
CITY-ST-ZIP **540 OLD HIGHWAY 98, SUMMER LAKE #7  
DESTIN FL 32541**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **CLARY, CHARLES W III**  
CITY-ST-ZIP **44 TRANQUILITY LANE  
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 **169 Monahan Drive**  
CITY-ST-ZIP **Fort Walton Beach, FL 32547**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **BAKER, JACK D**  
CITY-ST-ZIP **289 BEACHVIEW DRIVE, NE  
FORT WALTON BEACH FL 32547**

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

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 **V**  
STREET ADDRESS **Johnson, Robert E.**  
CITY-ST-ZIP **513 Rue De Mar Seilles  
Mary Esther, FL 32569**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**W. O. Balanzategui 850.837.8152**

Date

Daytime Phone #

CR2E034 (9/01)