2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9500002285 1. Entity Name D.&-G-PROPERTIES, INCOF, MISSISSIPPI						Apr 30, 2001 8:00 an Secretary of State					
ישיעיי	· · · · · · · · · · · · · · · · · · ·	Officially assessment of	•	•			03-12-20	001 90479	025 *	**150.00	
Principal Place of Business 201 DORRICH DR BOONEVILLE MS 38829		Mailing Address 201 DORRICH DR BOONEVILLE MS 38829									
2. Principal	Place of Business	3. Mailing Address			-						
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	FE! Number	64-0857150			pplied For ot Applicable	
Zip	Country	Zip		5. Certificate of Status Desired \$8.75 Additional Fee Required							
	6. Name and Address of Current R	egistered Agent		Name	7. 1	Name and Ad	idress of New Re	gistered Age	ent		
9UN ير . 1040	ES, CHARLES A H <u>DESTIN BEACH RESORT UNI</u> T 17.1 HWY 98 E. 144 Sp.rn L TIN-EL-82541 CANTER 17	8 201 Dorre M Booneville A Brack FL 311	1-14		s (P.O. E	3ox Number I	s Not Acceptable)		_		
	SAMPA KUSA	brack FL 33	127	City				FL	Zip Cod	le	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW After MAY 1, 20			Registered Agent algrature required I! FEE IS \$150.00 II Fee will be \$550.00 le to Department of Stat			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution					
11,	OFFICERS AND D		12.		AD	DITIONS/CH	IANGES TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GATES, CHARLES A 201 DORRICH DR BOONEVILLE MS 38829	□ Delete	TITLE NAME STREE CITY-S	T ADDRESS) Change	OP Consistency (10/00) Indiappy (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GATES, DELOIS 201 DORRICH DR BOONEVILLE MS 38829	□ Delete	TITLE NAME STREE CITY-S	T ADDRESS				Ō	Change	Addition &	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, HAZEL M RT'2, BOX'176A BLUE SPRINGS MS 38828	≥ Defete	TITLE NAME SIREEI CITY-S	F ADUNESS		المن خيد استهاد الم			Change	Addition	
TYTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP		1			Change	Addition \	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET CITY-S	ADDRESS T-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					Change	☐ Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with the on this report or supplemental report is transportation or the receiver or trustee empower or on an attachment with an address with the contraction of the contraction of the information of the i	is filing does not qualify for th ue and accurate and that my ered to execute this report as all other like empowered.	e exemp signatur require	ption stated in S re shall have the d by Chapter 60	Section 1 same le 07, Florid	19.07(3)(i), Fl egal effect as la Statutes; au	lorida Statutes, I fu if made under oat nd that my name a	rther certify the that I am a ppears in Blo	hat the in: n officer ock 11 or	formation or director Block 12 if	

CHARLES AGATES 2 23 00