

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State
 04-25-2000 90002 038 ***150.00

DOCUMENT # H06479
 1. Entity Name
Del Gar, Inc.

Principal Place of Business Mailing Address
3313 SE 22nd PL
Cape Coral FL 33904

2. Principal Place of Business 3. Mailing Address
3313 SE 22nd PL Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State Cape Coral FL City & State FL
 Zip 33904 Country Lee Zip Country

4. FEI Number 59-2411382 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Cathy A. HARGREAVES
3313 SE 22nd PL
Cape Coral FL 33904

7. Name and Address of New Registered Agent
 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 Della Hargreaves Della HARGREAVES 4/13/00
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE
Sec-Treas.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Cathy A. HARGREAVES</u> <u>3313 SE 22nd PL</u> <u>Cape Coral FL 33904</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST</u> <u>Della HARGREAVES</u> <u>3313 SE 22nd PL</u> <u>Cape Coral FL 33904</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Kraccen Hides</u> <u>21941 MIMFIELD LANE</u> <u>Barrington IL 60010</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>John T HARGREAVES</u> <u>24171 BECMED DR</u> <u>Laguna Niguel CA 92677</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Della Hargreaves 4/13/00 941-549-1320
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)