

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90128 031 ***150.00

A0061920

DO NOT WRITE IN THIS SPACE

DOCUMENT # H06479
 1. Entity Name
 Del Gar, Inc

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

2. Principal Place of Business 3. Mailing Address
 3313 SE 22nd Place Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Cape Coral FL
 Zip Country Zip Country
 33904 Lee 33904 Lee

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

6. Name and Address of Current Registered Agent
 Gary A. Hargreaves
 3313 SE 22nd Place
 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
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) Sec.-Treas.
 DATE 4/23/2001

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, 2001 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	President Gary A. Hargreaves 3313 SE 22nd Place Cape Coral FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer Della Hargreaves 3313 SE 22nd Place Cape Coral FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.Pres. Tracee Hicks 21941 Mayfield Lane Barrington IL 60010 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.Pres John Hargreaves 24171 Becard Drive Lauguna Niguel CA 92677 <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* Della Hargreaves 4/23/2001 941-549-1320
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)