# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 25, 2002 8:00 am**
**Secretary of State**
04-25-2002 90018 013 ***150.00

DOCUMENT # H06479

1. Entity Name
DEL GAR, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3313 S.E. 22ND PLACE<br>CAPE CORAL FL 33904<br>US | 3313 S.E. 22ND PLACE<br>CAPE CORAL FL 33904<br>US |

DO NOT WRITE IN THIS SPACE

| 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: Same |
| Zip: 33904 Country: Lee | Zip: 33904 Country: LEE |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| HARGREAVES, GARY A.<br>3313 SE 22ND PLACE<br>CAPE CORAL FL 33904 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Sec. - Treas. 4/16/2002
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HARGREAVES, GARY A.<br>3313 SE 22ND PLACE<br>CAPE CORAL FL 33904 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>HARGREAVES, DELLA L.<br>3313 SE 22ND PLACE<br>CAPE CORAL FL 33904 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>HICKS, TRACEE L.<br>21941 MAYFIELD LANE<br>BARRINGTON IL 60010 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>HARGREAVES, JOHN T.<br>24171 BECARD LANE<br>LAGUNA NIGUEL CA 92677 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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 Sec. - Treas. 4/16/2002 239-549-1320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)