


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90107 032 ***150.00

DOCUMENT # H06479

1. Entity Name
DEL GAR, INC.



Principal Place of Business
**3313 S.E. 22ND PLACE
CAPE CORAL FL 33904
US**

Mailing Address
**3313 S.E. 22ND PLACE
CAPE CORAL FL 33904
US**

2. Principal Place of Business
3313 SE 22nd PL

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
CAPE CORAL FL

City & State
Same

Zip
33904

Country
USA

Zip
Same

Country
Same



CHECK HERE IF MAKING CHANGES

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
**HARGREAVES, GARY A.
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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Della Hargreaves Sec. Treasurer* DATE **4/2/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE P | <input type="checkbox"/> Delete HARGREAVES, GARY A. 3313 SE 22ND PLACE CAPE CORAL FL 33904 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE ST | <input type="checkbox"/> Delete HARGREAVES, DELLA L. 3313 SE 22ND PLACE CAPE CORAL FL 33904 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP | <input type="checkbox"/> Delete HICKS, TRACEE L. 21941 MAYFIELD LANE BARRINGTON IL 60010 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP | <input type="checkbox"/> Delete HARGREAVES, JOHN T. 24171 BECARD LANE LAGUNA NIGUEL CA 92677 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Della Hargreaves Sec. Treasurer* DATE **4/2/2003** **239-549-1320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)