

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-13-2002 90122 047 ****50.00

DOCUMENT # L01000011689

1. Entity Name

DG ALPHA PROPERTIES, LLC

Principal Place of Business

P.O. BOX 207
 300 PARK RD
 INMAN SC 29349

Mailing Address

P.O. BOX 207
 300 PARK RD
 INMAN SC 29349

2. Principal Place of Business

1325 Walt Williams Rd.
 Suite, Apt. #, etc.

3. Mailing Address

1325 Walt Williams Rd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lakeland, FL

Zip

33809

Country

USA

City & State

Lakeland, FL

Zip

33809

Country

USA

4. FEI Number

57-1125938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, JOY
1325 WALT WILLIAMS
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name

David Abbott

Street Address (P.O. Box Number is Not Acceptable)

1325 Walt Williams Rd.

City

Lakeland

FL

Zip Code

33809

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

David Abbott
 Signature, typed or printed name of registered agent and title if applicable.

DAVID ABBOTT President
 (NOTE: Registered Agent signature required when reinstating)

3-29-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM George A. Abbott Jr. 211 Winfield Dr. Spartanburg, SC 29307	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR David Abbott 1325 Walt Williams Rd. Lakeland, FL 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *David Abbott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-02-02

Date

863 816-9900

Daytime Phone #

CR2E083 (9/01)