

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000014558**1. Entity Name
DGN SERVICES CORPORATION

Principal Place of Business 1 INDEPENDENT DRIVE,STE.2000 JACKSONVILLE FL 32202	Mailing Address 1 INDEPENDENT DRIVE,STE.2000 JACKSONVILLE FL 32202
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2. Principal Place of Business 1 INDEPENDENT DRIVE	3. Mailing Address 1 INDEPENDENT DRIVE
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Suite, Apt. #, etc. SUITE 2000	Suite, Apt. #, etc. SUITE 2000
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
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Zip 32202	Country	Zip 32202	Country
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4. FEI Number 59-3625227	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentDRAUGHON RICHARD SCOTT
1 INDEPENDENT DRIVE,STE.2000

JACKSONVILLE FL 32202**7. Name and Address of New Registered Agent**Name
DRAUGHON SCOTT
Street Address (P.O. Box Number is Not Acceptable)
1 INDEPENDENT DRIVE
SUITE 2000
City JACKSONVILLE FL Zip Code 32202

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 **SCOTT DRAUGHON****04/23/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	DRAUGHON RICHARD SCOTT	
STREET ADDRESS	1 INDEPENDENT DRIVE,STE.2000	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAUGHON RICHARD S	
STREET ADDRESS	1 INDEPENDENT DRIVE,STE.2000	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

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

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

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

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

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

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: SCOTT DRAUGHON

DPVS 04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)