

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034504

1. Entity Name
DK&G, INC.

Principal Place of Business
12600 S. BELCHER RD., STE. 104C
LARGO FL 33773

Mailing Address
12600 S. BELCHER RD., STE. 104C
LARGO FL 33773

2. Principal Place of Business
2435 U.S. HWY 19
Suite, Apt. #, etc.
SUITE 220
City & State
HOLIDAY, FL
Zip
34691
Country
U.S.

3. Mailing Address
2435 U.S. HWY 19
Suite, Apt. #, etc.
SUITE 220
City & State
HOLIDAY, FL
Zip
34691
Country
U.S.

4. FEI Number
63-1060885

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

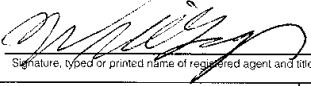
6. Name and Address of Current Registered Agent

GEIGER, WILLIAM Z
12600 S. BELCHER RD., STE. 104C
LARGO FL 33773

7. Name and Address of New Registered Agent

Name
GEIGER WILLIAM Z.
Street Address (P.O. Box Number is Not Acceptable)
2435 U.S. HWY 19
SUITE 220
City
HOLIDAY, FL
Zip Code
FL 34691

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 
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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GEIGER, WILLIAM Z	
STREET ADDRESS	12600 S. BELCHER RD., STE. 104C	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEIF, IRVING W	
STREET ADDRESS	12600 S. BELCHER RD., STE. 104C	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIROSE, J. RICHARD	
STREET ADDRESS	12600 S. BELCHER RD., STE. 104C	
CITY-ST-ZIP	LARGO FL 33773	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIGER, WILLIAM Z.	
STREET ADDRESS	2435 U.S. HWY 19 SUITE 220	
CITY-ST-ZIP	HOLIDAY, FL 34691	
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90088 006 ***150.00



DO NOT WRITE IN THIS SPACE

0373639

CR2E034 (10/00)