

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90209 013 \*\*\*150.00

**DOCUMENT # P00000097399**



1. Entity Name  
**D.G.M. MANAGEMENT CORPORATION**

Principal Place of Business  
**2025 LAGUNA WAY  
NAPLES FL 34109**

Mailing Address  
**2025 LAGUNA WAY  
NAPLES FL 34109**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3677053**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONROY, J. THOMAS  
MORRISON & CONROY, P.A.  
~~3838 TAMiami TRAIL NORTH, STE. 402~~  
NAPLES FL 34109**

Name

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

**2640 Golden Gate Pkwy, Ste 115**

City

**FL**

Zip Code

**34105**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MOLA, DAVID J</b>
STREET ADDRESS	<b>2025 LAGUNA WAY</b>
CITY-ST-ZIP	<b>NAPLES FL 34109</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MOLA, MARY B</b>
STREET ADDRESS	<b>2025 LAGUNA WAY</b>
CITY-ST-ZIP	<b>NAPLES FL 34109</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HALL, GORDON B JR.</b>
STREET ADDRESS	<b>500 OCEAN DR., #W&amp;D</b>
CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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:** Mary B Mola **REQUIRED** 2/21/03 (239)592-6145  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)