

# 2003 UNIFORM BUSINESS REPORT (UBR)

0061806 AV

DOCUMENT # P01000000055

1. Entity Name  
DIGITAL GAGA INCORPORATED

FILED

03 APR 29 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

7616 HEMANN CIR  
MILTON FL 32583

Mailing Address

7616 HEMANN CIR  
MILTON FL 32583

2. Principal Place of Business

3101 CHIPPEWA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3101 CHIPPEWA DRIVE

Suite, Apt. #, etc.

City & State

MILTON, FLORIDA

City & State

MILTON, FLORIDA

Zip

32571

Country

Zip

32571

Country

4. FEI Number

59-3689304

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHITTLE, DEBORA A

~~7616 HEMANN CIR~~

~~MILTON FL 32583~~

3470 Hwy 97  
CANTONMENT, FL

32533-9603

7. Name and Address of New Registered Agent

Name

WHITTLE, DEBORA A.

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

3470 S. Hwy 97

City

CANTONMENT

FL

Zip Code

32533-9603

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

*Deborah A. Whittle*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-03

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, 2002 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	MCKINNEY, GEORGE H	
STREET ADDRESS	3101 CHIPPEWA DR	
CITY-ST-ZIP	MILTON FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKINNEY, TAMBRI S	
STREET ADDRESS	3101 CHIPPEWA DR	
CITY-ST-ZIP	MILTON FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEW, RHONDA J	
STREET ADDRESS	920 BREEZY ACRES RD	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROTH, BLAINE E	
STREET ADDRESS	920 BREEZY ACRES RD	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITTLE, DEBORA A	
STREET ADDRESS	7616 HEMANN CIR	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITTLE, ROBERT J	
STREET ADDRESS	7616 HEMANN CIR	
CITY-ST-ZIP	MILTON FL 32583	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEW, RHONDA J	
STREET ADDRESS	11351 SUN PRAIRIE CT	
CITY-ST-ZIP	PARKER, CO 80138	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, BLAINE E.	
STREET ADDRESS	11351 SUN PRAIRIE CT	
CITY-ST-ZIP	PARKER, CO 80138	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTLE, DEBORA A.	
STREET ADDRESS	11331 SUN PRAIRIE CT	
CITY-ST-ZIP	PARKER, CO 80138	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTLE, ROBERT J	
STREET ADDRESS	11331 SUN PRAIRIE CT	
CITY-ST-ZIP	PARKER, CO 80138	

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:

*Deborah A. Whittle, President & Registered Agent*

4-14-03

303-405-4712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)