2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P01000011535

1. Entity Name



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90540 009 ***150.00

Mailing Address 1405 CALPRIDON AVEUE LAKELAND FL 33803 2. Principal Place of Business Suite April **, etc. City & Suite Cit	D & G ENTERPRISES OF MID PLORIDA, INC.								
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Zip Country Zip Country 5. Certificets of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			□ СНЕСК НЕ	RE IF MAKING	CHANGES	
Country Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required	City & State		City & State			4. FEI Number NOT APP	LICABLE	<u> </u>	<u></u>
S. Name and Address of Current Registered Agent Name	Zip	Country	Zip Country			5. Certificate of Status Desire	ed 🔲	\$8.75 Add	ditional
Name Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current		Registered Agent			<u></u>			
Siricest Address (P.O. Box Number is Not Acceptable) City FL Zip Code									
City FL Zip Code 8. The above named only 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 SIGNATURE STRUCTURE TO THE STATE ORDERS OF STATE ORDERS OF STATE ORDERS OF STREET ADDRESS OF STATE ORDERS OF STATE ORDERS OF STREET ADDRESS OF STREET ADDRESS OF STATE ORDERS OF STREET ADDRESS OF STATE ORDERSS OF STREET ADDRESS OF STREET ADDRESS OF STREET ADDRESS OF STATE ADDRESS OF STREET ADDRESS OF STREET ADDRESS OF STATE ADDRESS OF STREET ADDRESS OF STREET ADDRESS OF STREET ADDRESS OF STATE ADDRESS OF STREET ADDRESS OF STREET ADDRESS OF STATE ADDRESS OF STREET ADDRESS OF STREET ADDRESS OF STATE ADDRESS OF ST			Street Address		Street Address (F	P.O. Box Number is Not Acceptable)			
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. Comparison of registered agent Comparison of the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. Comparison of registered agent Comparison of the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.									
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SIGNATURE Signature Typedig criterial name of regularized agent and their applicable. (MOTE: Regularized Agent argulauture required when rejectating) PILE NOWING FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check: Payable by Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE WARE CHECK: PAYABLE BY FLORESS TITLE GOOREY, BOUG Delete TITLE NAME STREET ADDRESS DIV: 51-28 CHY-51-28 TITLE Delete TITLE NAME NAME NAME STREET ADDRESS STREET						ed agent, or both, in the State of	i Florida. I am	familiar with,	and accept
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		ertify that the information supplied with thi	is filling does not qualify for			tion 119 07(3)(i) Florida Statut	as Ufurther cer	tify that the b	nformation

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 the 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: