2002 UNIFORM BUSINESS REPORT (UBR)

2002		FILED Apr 17, 2002 8:00 am Secretary of State											
DOCUMENT # P01000041904													n meneran a
DGD, INC	.							(04-17-200	2 90037	011 ***1	50.00	<
Principal Plac	e of Business		Mailing Address			_	7						
83 FAIRWAY DRIVE 83 FAIRWAY DRIVE SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 324								4 1 3 1 11 15 1 1 1 1 1	a i d i a f a fi a a i i i i	ânii âniin agu	 	in 44 14 818 1 1 81 1	
2. Principal Place of Business			3. Mailing Address P.O. Box ルンフ										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						
City & State	e		SANTA ROSA	Bta	ch,	41.	4. F	El Number 5 9 3 7	19034	1		Applied For Not Applicabl	e
Zip	Cour		Zip 32459	Coun	Š.Ą			ertificate of St			\$8.75 / Fee Requ		
	6. Name and Ad	dress of Current Re	gistered Agent	-	Name	<u></u>	7. N	ame and Add	ress of New	Registered	d Agent		\dashv
MATTHEW	'S, DANA C ESQ. 'S & HAWKINS, P	.A.			Stree	t Address	(P.O. Bo	ox Number is f	Not Acceptat	le)			
607 HIGHWAY 98 EAST DESTIN FL 32541					City FL Zip Code						ode		
	named entity submi	ts this statement for th	ne purpose of changing its	registere	ed office	or registe	ered age	ent, or both, in	the State of F	Florida.		,	
SIGNĄTURE _	Signature, typed or printed	name of registered agent and l	title if applicable. (NOT	E: Registere	d Agent sig	nature require	ed when rei	nstating)	<u> </u>	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, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta				- 1	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
11.		OFFICERS AND DIF		12.	<u> </u>			DITIONS/CHA	NGES TO OF	FICERS AN	ID DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDE DENNIS 93 FAIR	nT P. GAGNON WRY DRIVE P. 3245	☐ Delete	- 11		s					☐ Chang	e 🔲 Additio	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete	ll l		s					☐ Chang	e 🗍 Additio	₽ Å
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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SUNING OFFICER OR DIRECTOR

Date

Daytime Phone # DELYNIS P. GAGNON 3/17/02 800-267-2687