

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90182 043 \*\*\*158.75

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**DOCUMENT # P01000041962**

1. Entity Name  
**DTG PROCESSING CORPORATION**



Principal Place of Business  
**428 KNIGHTS RUN  
TAMPA FL 33602**

Mailing Address  
**609 BOCA CIEGA ISLE DR  
SAINT PETERSBURG FL 33706**

**10055707**



2. Principal Place of Business

3. Mailing Address  
**428 Knights Run**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

Zip  
**33602**

Country  
**Hillsborough**

4. FEI Number  
**59-3707987**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLSON, DAVID T  
609 BOCA CIEGA ISLE DR  
SAINT PETERSBURG FL 33706**

7. Name and Address of New Registered Agent

Name  
**Golson, David T**

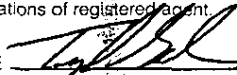
Street Address (P.O. Box Number is Not Acceptable)  
**428 Knights Run**

City  
**TAMPA**

State  
**FL**

Zip Code  
**33602**

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 **4-1-03**

Signatures, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	GOLSON, DAVID T	609 BOCA CIEGA ISLE DR	SAINT PETERSBURG FL 33706	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President - P	Golson, David T	428 Knights Run	Tampa, FL 33602	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice-President - V	Golson, Rosalie B.	428 Knights Run	Tampa, FL 33602	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE **4-1-03** DAYTIME PHONE # **(813)223-6750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)