

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 03, 2002 8:00 am  
Secretary of State

02-03-2002 90028 038 \*\*\*150.00

DOCUMENT # P01000068265

1. Entity Name  
D & G COLLECTIONS, INC.

Principal Place of Business  
3410 TRALEE COURT STE 202  
BONITA SPRINGS FL 34134

Mailing Address  
3410 TRALEE COURT STE 202  
BONITA SPRINGS FL 34134

910215



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
26251 S. TAMiami Trail  
Suite, Apt. #, etc.  
16

3. Mailing Address  
26251 S. TAMiami Trail  
Suite, Apt. #, etc.  
16

City & State  
Bonita Springs, FL  
Zip  
34135

City & State  
Bonita Springs, FL  
Zip  
34135

4. FEI Number  
59-3730495  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

AMATO, LOUIS X-  
801 LAUREL OAK DR STE 615  
NAPLES FL 34108

## 7. Name and Address of New Registered Agent

Name  
IRRESISTIBLY PLUS  
Street Address (P.O. Box Number is Not Acceptable)  
26251 S. TAMiami Trail #16  
City  
Bonita Springs FL Zip Code  
34135

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 Debbie DelRe Debbie DelRe 1-14-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Debbie DelRe  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 941-498-5759  
Date Daytime Phone #

CR2E034 (9/01)