

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90744 019 \*\*\*150.00

**DOCUMENT # P01000084950**

1. Entity Name  
**DMGC FINANCIAL SERVICES, INC.**



Principal Place of Business  
**3481 SOUTHERN ORCHARD ROAD EAST  
DAVIE FL 33328**

Mailing Address  
**3481 SOUTHERN ORCHARD ROAD EAST  
DAVIE FL 33328**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**10415 SW 23rd Ct**

3. Mailing Address  
**10415 SW 23rd Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DAVIE FL**

**DAVIE FL**

Zip

Country

Zip

Country

**33324**

**33324**

4. FEI Number **65-1136851**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIEGEL, DEAN  
3481 SOUTHERN ORCHARD ROAD EAST  
DAVIE FL 33328**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
SIEGEL, DEAN  
3481 SOUTHERN ORCHARD ROAD EAST  
DAVIE FL 33328**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/03**  
Date

**(954) 558-1094**  
Daytime Phone #

CR2E034 (10/02)