2002

UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State
05-13-2002 90192 021 ***150.00

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33906

1. Entity Name
D & G ENTERPRISES OF SILVER SPRINGS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4047 CTY HWY 314-A SILVER SPRINGS FL 34488	4047 CTY HWY 31 SILVER SPRINGS FL 34488

2. Principal Place of Business	3. Mailing Address
D and G Enterprises	4047 NE Hwy 314A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Silver Spgs FL	City & State
Zip: 34488 Country	Zip Country

4. FEI Number: 65-039138 ☐ 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
GILLETTE DAVID D.	Name: ELMER E. GILLETTE
4461 NE 171st TERRACE	Street Address (P.O. Box Number is Not Acceptable): 4047 CTY HWY 314-A
SILVER SPRINGS, FL. 34488	City: SILVER SPRINGS FL Zip Code: 34488

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: Elmer E Gillette 5/28/02
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC/D GILLETTE DAVID D 4461 NE 171 TERRACE SILVER SPRINGS FL 34488	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES/D GILLETTE ELMER E 4047 CTY HWY 314-A SILVER SPRINGS FL 34488	☐ Delete	P-S-T x D GILLETTE ELMER E 4047 CTY HWY 314-A SILVER SPRINGS FL. 34488	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: SIGN Elmer E Gillette PRESIDENT 4/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ELMER E. GILLETTE