2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P93000017890

1. Entity Name

D & G ENTERPRISES OF SILVER SPRINGS, INC.



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90119 048 ***150.00

				THE STATE OF THE S		
Principal Place of Business 4047 CTY HWY 314-A SILVER SPRINGS FL 33488		Mailing Address 4047 CTY HWY 314-A SILVER SPRINGS FL 33488				
2. Principal Place of Business		3. Mailing Address			-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 65-0393138	Applied For Not Applicable
Zip	Country	Zip	Zip Country			.75 Additional Required
	6. Name and Address of Curren	t Registered Agent ———		- مين يور	7. Name and Address of New Registered Ager	
GILLETTE	FI MER E		Nan	ne 		
GILLETTE, ELMER E 4047 CTY HWY 314-A			Stre	Street Address (P.O. Box Number is Not Acceptable)		
SILVER SI	PRINGS FL 33488					
			City		, FL	Zìp Code
SIGNATURE .	Signature, typed or printed name of registered agen ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 (Payable to Fiorida Department of		: Registered Agent s	signature required	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	S GILLETTE, DAVID D 4461 NORTHEAST 171ST TERR SILVER SPRINGS FL 34488	S Delete ACE	TITLE NAME STREET ADDRI	ESS		Change Addition
AME STREET ADDRESS CITY-ST-ZIP	PSTD GILLETTE, ELMER E. 4047 CTY HWY 314A SILVER SPRINGS FL 34488	☐ Delete	TITLE NAME STREET ADDRI	ESS		Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP			Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS		Change

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Daytime Phone #

☐ Change

☐ Addition