

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035162

1. Entity Name

D & G FINANCIAL SERVICES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90045 028 ***158.75

Principal Place of Business

Mailing Address

7800 N. UNIVERSITY DR.
#204
TAMARAC FL 33321
US

7800 N. UNIVERSITY DR.
#204
TAMARAC FL 33321-2106
US

2. Principal Place of Business

4330 W. BROWARD BLVD

Suite, Apt. #, etc.

L

3. Mailing Address

4330 W. BROWARD BLVD

Suite, Apt. #, etc.

L



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33317

Country

USA

Zip

33317

Country

USA

4. FEI Number

65-0409476

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEST, GLADYS B
7800 N. UNIVERSITY DR.
#204
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name GLADYS B. WEST

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

4330 W. BROWARD BLVD

STE # L

City

PLANTATION, FL

Zip Code

33317

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

GLADYS B. WEST - PD

4-21-00

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	WEST, GLADYS B	
STREET ADDRESS	7800 N. UNIVERSITY DR., #204	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEST, JR. D R.	
STREET ADDRESS	7800 N. UNIVERSITY DR., #204	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

GLADYS B. WEST, PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

(954) 587-1991

Daytime Phone #

CR2E034 (9/99)