

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035162

1. Entity Name  
D & G FINANCIAL SERVICES, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90004 008 \*\*\*158.75

Principal Place of Business

4330 WEST BROWARD BLVD.

L  
FORT LAUDERDALE FL 33317

US

Mailing Address

4330 WEST BROWARD BLVD.

L  
FORT LAUDERDALE FL 33317

US

2. Principal Place of Business

9927 Nob Hill Place

3. Mailing Address

9927 Nob Hill Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE, FL

Zip  
33351

Country  
USA

City & State

SUNRISE, FL

Zip  
33351

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

7. Name and Address of New Registered Agent

WEST, GLADYS B  
4330 WEST BROWARD BLVD.  
SUITE #L  
FORT LAUDERDALE FL 33317

Name

GLADYS B. WEST

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

9927 Nob Hill Place

City

SUNRISE

FL

Zip Code

33351

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

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

(NOTE: Registered Agent signature required when reinstating)

GLADYS B. WEST

4/25/01

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

TITLE PD  
NAME WEST, GLADYS B  
STREET ADDRESS 7800 N. UNIVERSITY DR., #204  
CITY-ST-ZIP TAMARAC FL

☐ Delete

TITLE VD  
NAME WEST, JR. D R.  
STREET ADDRESS 7800 N. UNIVERSITY DR., #204  
CITY-ST-ZIP TAMARAC FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 9927 Nob Hill Place  
CITY-ST-ZIP SUNRISE, FL 33351

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 9927 Nob Hill Place  
CITY-ST-ZIP SUNRISE, FL 33351

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GLADYS B. WEST 4/25/01 (954)578-1125

CR2E034 (10/00)