2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060731

1. Entity Name

D.A.G BUILDERS, INC.

Principal Place of Business	Mailing Address
2640 SW 155TH LN DAVIE FL 33331	2640 SW 155TH LN DAVIE FL 33331-1524

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number **65-0555229** — Applied For / Not Appl...
Zip / Country	Zip / Country	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
AMOS, DOUGLAS 2640 SW 155 LANE DAVIE FL 33331	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.

SIGNATURE _____

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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE		☐ Change ☐
NAME	AMOS, DOUG		NAME		
STREET ADDRESS	2640 SW 155TH LN		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33331		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐
NAME	WILLIAMS, GEORGE		NAME		
STREET ADDRESS	5300 SW 135TH AVE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33314		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ Douglas F. Amos　1/17/00　954-472-0741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　Date　Daytime Phone #

DOUGLAS F. AMOS