

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90069 033 ***150.00

DOCUMENT # P94000010515

1. Entity Name
DOUBLE G ENTERPRISES, INC.

Principal Place of Business
100 N. FIRST ST.
NEPTUNE BEACH, FL
32266

Mailing Address
10151 DEERWOOD PARK BLVD.
250
JACKSONVILLE, FL
32256

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
9104 CYPRESS GREEN DR.
 Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

Zip
32256

Country
US

4. FEI Number
59-3241716

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

00057416

6. Name and Address of Current Registered Agent

RICHARD G. HATHAWAY
10151 DEERWOOD PARK BLVD.
250
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name
GARY B. TULLIS

Street Address (P.O. Box Number is Not Acceptable)
9104 CYPRESS GREEN DRIVE

City
JACKSONVILLE

FL
32256

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  **GARY B. TULLIS** **5-4-00**

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 D | <input type="checkbox"/> Delete |
| NAME GREEN, DONALD E. | |
| STREET ADDRESS 12912 RIVERMIST WAY | |
| CITY-ST-ZIP JACKSONVILLE, FL 32224 | |
| 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 |
| 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:  **DON E. GREEN** **5/5/00** **904-992-3857**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)