

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90103 031 ***150.00

DOCUMENT # P94000014401

1. Entity Name

D.G. REAL ESTATE, INC.

Principal Place of Business

**519 ADAMS AVENUE
CAPE CANAVERAL FL 32920
US**

Mailing Address

**519 ADAMS AVENUE
CAPE CANAVERAL FL 32920
US**

2. Principal Place of Business

301 N. AZURE LN.

Suite, Apt. #, etc.

3. Mailing Address

301 N. AZURE LN.

Suite, Apt. #, etc.

City & State

COCOA BEACH, FL.

Zip

32931

Country

City & State

COCOA BEACH, FL.

Zip

32931

Country

4. FEI Number

59-3224405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLOWAY, DAVID

**519 ADAMS AVE
CAPE CANAVERAL FL 32920**

7. Name and Address of New Registered Agent

Name

DAVID GALLOWAY

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

301 N. AZURE LN.

City

COCOA BEACH

FL

Zip Code

32931

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

David Galloway

1-8-02

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, 2002 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 **P** ☐ Delete
NAME **GALLOWAY, DAVID**
STREET ADDRESS **519 ADAMS AVE**
CITY-ST-ZIP **CAPE CANAVERAL FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Galloway, David**
STREET ADDRESS **301 N. AZURE LN.**
CITY-ST-ZIP **COCOA BEACH, FL. 32931**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

David Galloway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02

Date

321-784-3000

Daytime Phone #

CR2E034 (9/01)