2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000073743 May 01, 2000 8:00 am Secretary of State 1. Entity Name D.T.G. ENTERPRISES, INC. 05-01-2000 90494 050 ***150.00 Principal Place of Business Mailing Address 177 DAN RIVER DRIVE 6822 RIDGE RD NEW PORT RICHEY FL 34668 SPRING HILL FL 34606-5421 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3269774 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TYNDALL, GLORIA Street Address (P.O. Box Number is Not Acceptable) 177 DAN RIVER DRIVE SPRING HILL FL 34606 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ח ☐ Addition ☐ Change Delete TITLE TITLE TYNDALL, GLORIA NAME NAME 177 DAN RIVER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34606 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE TYNDALL, DONALD B NAME NAME 177 DAN RIVER DRIVE STREET ADDRESS STREET ADDRESS SPRING HILL FL 34606 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

Daytime Phone #