

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90074 038 \*\*\*150.00



☒ CHECK HERE IF MAKING CHANGES

**DOCUMENT # P95000035121**

1. Entity Name  
**GROUP D, INC.**

Principal Place of Business  
**GROUP D, INC.**  
**2035 BAHIA VISTA**  
**SARASOTA FL 34230**

Mailing Address  
**2035 BAHIA VISTA**  
**SARASOTA FL 34230**

2. Principal Place of Business  
**2035 Bahia Vista**

3. Mailing Address  
**2035 Bahia Vista**

Suite, Apt. #, etc.

City & State  
**Sarasota, FL**

City & State  
**Sarasota**

Zip  
**FL**

Country  
**USA**

Zip  
**34239**

Country  
**USA**

4. FEI Number **65-0589116**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TENNEL, PERRY R**  
**325 JOHN RINGLING BLVD.**  
**SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **Paul J. Dangler**

Street Address (P.O. Box Number is Not Acceptable)  
**2035 Bahia Vista**

City **Sarasota** **FL** **34239**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Paul J. Dangler**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>GEORGI, JOHN<br/>146 S WASHINGTON DRIVE<br/>SARASOTA FL 34236</b> | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>DANGLER, PAUL J<br/>2035 BAHIA VISTA<br/>SARASOTA FL 34239</b>    | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Paul J. Dangler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-6-03**

Daytime Phone # **941-957-4949**

CR2E034 (10/02)