## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P96000003197 DOCUMENT #

1. Entity Name

DEG INVESTMENTS OF PENSACOLA, INC.



**FILED** Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90060 035 \*\*\*150.00

			A COO WE THE	9				
4300 BAYOU BLVD SUITE 12 & 13		Mailing Address 4300 BAYOU BLVD STE 13 PENSACOLA FL 32503-10	4300 BAYOU BLVD				1 12 <b>020</b> 2020 2001 2001	
2. Principal Place of Business		3. Mailing Address		_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	4. FEI Number 59-3370229 Applied For			
Zip	Country	Zip	Zip Country		Certificate of Status Desired	□ \$8.75	Not Applicable Additional	
	6. Name and Address of Curren	Registered Agent	<u> </u>			— Fee Re	quired	
		- vogiciolog zigoni	Name		Name and Address of New (	Registered Agent		
FLEMING, EDWARD P 4300 BAYOU BLVD				ess (P.O. Box Number is Not Acceptable)				
SUITE 1					<u> </u>			
1								
PLNOAC	COLA FL 32503-1009		City			FL Zip	Code	
8. The above	e named entity submits this statement for attending the desired agent.	or the purpose of changing its	registered office or regi	stered a	gent, or both, in the State of Fl	orida. I am familiar v	with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	Darring		··	10	8/02		
		and title if applicable. (NOTE	E Registered Agent signature req	uired when	reinstating)	DATE		
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department o	f State			Election Campaign Fir     Trust Fund Contribution		5.00 May Be	
10.	OFFICERS AND		11.		DDITIONS (CHANGES TO SE	0500 440 0		
TITLE	P	☐ Delete	TITLE		DDITIONS/CHANGES TO OFF			
NAME	MOORE, DONALD		NAME			☐ Char	ige	
STREET ADDRESS	1 100 II 1 1 10 II 0 II		STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32503		CITY-ST-ZIP					
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STREET ADDRESS	FLEMING, EDWARD P   4300 BAYOU BLVD, SUITES 12&	40	NAME		•			
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STREET ADDRESS	,-		STREET ADDRESS	/ 4	CAS CONTRACTOR	2 2		
CITY-ST-ZIP		(4) 2242	CITY-ST-ZIP				ł	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Daytime Phone #