

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
 02-28-2001 90119 005 \*\*\*150.00

**DOCUMENT # P96000015572**

1. Entity Name  
**DAGA, INC.**

Principal Place of Business  
**5720 N.W. 62ND MANOR  
 PARKLAND FL 33067**

Mailing Address  
**5720 N.W. 62ND MANOR  
 PARKLAND FL 33067**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0662787**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSEN, GARY  
 5720 N.W. 62ND MANOR  
 PARKLAND FL 33067**

Name

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

City

**FL**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSEN, GARY	
STREET ADDRESS	5720 N.W. 62ND MANOR	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	MOLTZ, LAWRENCE	
STREET ADDRESS	6623 SALTAIRE TERR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RANDALL, PHIL	
STREET ADDRESS	11690 ISLAND LAKES LANE	
CITY-ST-ZIP	BOCA RATON FL 33498	
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"/> 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	YSP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON THORPE	
STREET ADDRESS	11924 W. 92 TERR	
CITY-ST-ZIP	LENEXA, KS 66215	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE KALTMAN	
STREET ADDRESS	BOX 3157	
CITY-ST-ZIP	MT. VERNON, NY 10553	
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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

2/22/01 954 753 3692

CR2E034 (10/00)