

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000052193**

1. Entity Name

DGL SOLUTIONS, INC.**FILED****May 02, 2000 8:00 am**
Secretary of State

05-02-2000 90143 038 ***150.00

Principal Place of Business

Mailing Address

**5842 14TH ST W
BRADENTON FL 34207
US****5842 14TH ST W
BRADENTON FL 34207-4005
US**

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

65-0683902

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

**LAPP, DONALD G
5842 14TH STREET WEST
BRADENTON FL 34207**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PSD	<input type="checkbox"/> Delete
NAME	LAPP, DONALD G	
STREET ADDRESS	6435 EGRET LANE #408	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	V/T	<input type="checkbox"/> Delete
NAME	LAPP, RONDA L	
STREET ADDRESS	6435 EGRET LANE #408	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAPP, CHAD M	
STREET ADDRESS	637 WYCKOFF AVE	
CITY-ST-ZIP	WYCKOFF NJ 07481	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZIEGER, HEATHER D	
STREET ADDRESS	220 STATION AVE.	
CITY-ST-ZIP	N. HILLS PA 19038	
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
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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 #

SIGNATURE: DONALD G. LAPP**4/24/00****941.753.0034**