

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052193

1. Entity Name  
DGL SOLUTIONS, INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90261 037 \*\*\*150.00

Principal Place of Business

5842 14TH ST W  
BRADENTON FL 34207  
US

Mailing Address

5842 14TH ST W  
BRADENTON FL 34207  
US

2. Principal Place of Business

6221 14TH ST. W.

Suite, Apt. #, etc.

STE. 101

City & State

BRADENTON, FL

Zip

34207

Country

USA

3. Mailing Address

6221 14TH ST. W.

Suite, Apt. #, etc.

STE. 101

City & State

BRADENTON, FL

Zip

34207

Country

USA



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name LAPP, DONALD G.

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

6221 14TH ST. W., STE. 101

City BRADENTON

FL

Zip Code

34207

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]*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/01

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

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPP, DONALD G.	
STREET ADDRESS	622 SAND CRANE CT.	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPP, RONDA L	
STREET ADDRESS	622 SAND CRANE CT.	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPP, CHAD M.	
STREET ADDRESS	12514 BLAZING STAR DR.	
CITY-ST-ZIP	TAMPA, FL 33626	
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		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

9417530034

Daytime Phone #

CR2E034 (10/00)