

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90134 011 ***150.00

DOCUMENT # P97000081099

1. Entity Name
DLG, INC.



Principal Place of Business
**2400 E. COMMERCIAL BLVD., STE. 517
FT. LAUDERDALE FL 33308**

Mailing Address
**2400 E. COMMERCIAL BLVD., STE. 517
FT. LAUDERDALE FL 33308**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0818711**

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

~~BRINKLEY, MICHAEL
200 E. LAS OLAS BLVD., STE. 1800
FT. LAUDERDALE FL 33301-2200~~

Name **Anthony De Meo**
Street Address (P.O. Box Number is Not Acceptable)
De Meo, Young, McGrath
2400 E Commercial Blvd Ste 517
City **Fort Lauderdale** FL Zip Code **33308**

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

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

(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 **DPST** ☐ Delete
NAME **GRIFFITH, DONNA L**
STREET ADDRESS **3509 NW 61 CIR.**
CITY-ST-ZIP **BOCA RATON FL 33496-4002**

TITLE **Director** ☒ Change ☐ Addition
NAME **Griffith, Donna L**
STREET ADDRESS **c/o Anthony De Meo**
CITY-ST-ZIP **2400 E Commercial Blvd Ste 517, FL 33308**

TITLE **DVPT** ☐ Delete
NAME **DE MEO, ANTHONY**
STREET ADDRESS **2400 E. COMMERCIAL BLVD., STE. 517**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Anthony De Meo**
STREET ADDRESS **2400 E. Commercial Blvd Ste 517**
CITY-ST-ZIP **Ft Lauderdale FL 33308**

TITLE **DVP** ☒ Delete
NAME **BRINKLEY, W. MICHAEL**
STREET ADDRESS **200 E. LAS OLAS BLVD., STE. 1800**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/2003

351-9800

Date Daytime Phone #

CR2E034 (10/02)