

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098711

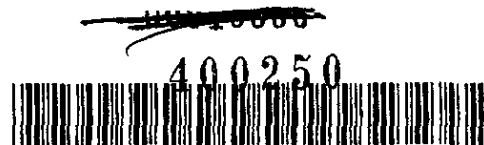
FILED
Apr 27, 2000 8:00 am
Secretary of State

01-31-2000 90089 045 ***150.00

DG INDUSTRIES, INC.

Principal Place of Business 3300 UNIVERSITY DR SUITE 225 CORAL SPRINGS FL 33065	Mailing Address 3300 UNIVERSITY DR SUITE 225 CORAL SPRINGS FL 33065-4126
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2. Principal Place of Business 2521 NW 17th Lane	3. Mailing Address SAME
Suite, Apt. #, etc. Suite 2	Suite, Apt. #, etc. SAME
City & State Pompano Bch FL	City & State SAME
Zip 33064	Country USA
Zip SAME	Country SAME



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0796210	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOMMERER, DIANE 3300 UNIVERSITY DRIVE CORAL SPRINGS FL 33065	7. Name and Address of New Registered Agent Name DEBORAH GREGORY Street Address (P.O. Box Number is Not Acceptable) City POMPAHO BCH FL Zip Code 33064
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8. The above registrant 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 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 NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, DEBORAH 3300 UNIVERSITY DR. SUITE 225 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 #

1-26-00 954-968-841