

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90084 039 ***150.00

DOCUMENT # P98000024693

1. Entity Name
D & A ENTERPRISES INC. OF LEE COUNTY



Principal Place of Business
**2335 CRYSTAL DR
FT MYERS FL 33907**

Mailing Address
**2460 CHANDLER AVE
FT MYERS FL 33907**



2. Principal Place of Business
2335 CRYSTAL DR.

3. Mailing Address
2460 Chandler ave

Suite, Apt. #, etc.
(FORT MYERS, FL

Suite, Apt. #, etc.

City & State
33907

City & State
FORT MYERS, FL

Zip
33907

Country
USA

Zip
33907

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0821311**

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

**MCGONIGAL, DAVE
2460 CHANDLER AVE
FORT MYERS FL 33907**

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. 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 **P** ☐ Delete
NAME **MCGONIGAL, DAVE**
STREET ADDRESS **2460 CHANDLER AVE**
CITY-ST-ZIP **FORT MYERS FL 33907**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **DAVE MCGONIGAL** **3-21-03** **239-470-4387**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)