

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91397 022 ***150.00

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DOCUMENT # P98000037494

1. Entity Name
DEE & GEF, INC.



Principal Place of Business
DIONNE COLE
3331 NORTHWEST 40TH STREET
LAUDERDALE LAKES FL 33309

Mailing Address
DIONNE COLE
3331 NORTHWEST 40TH STREET
LAUDERDALE LAKES FL 33309



2. Principal Place of Business
Dionne Cole
Suite, Apt. #, etc.

3. Mailing Address
3331 NW 40 St
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Lauderdale Lake, FL

4. FEI Number
65-0911894

Applied For
Not Applicable

Zip Country

Zip Country
33309 Broward

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

COLE, DIONNE A
8029 WEST OAKLAND PARK BLVD.
SUNRISE FL 33351

Name
Dionne Cole
Street Address (P.O. Box Number is Not Acceptable)
8029 NW 44th St.
City
Sunrise **FL** Zip Code
33351

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 *Dionne Cole*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *April 28*

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 **D** ☐ Delete
NAME **COLE, DIONNE**
STREET ADDRESS **3331 NORTHWEST 40TH STREET**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

April 28, 2003

Date

954 742 6401

Daytime Phone #

CR2E034 (10/02)