

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90060 050 ***150.00

DOCUMENT # P99000000258

1. Entity Name
DGR MANAGEMENT, INC.

Principal Place of Business
**1299 SW 159TH TERR
PEMBROKE PINES FL 33756**

Mailing Address
**P.O. BOX 823497
PEMBROKE PINES FL 33082**

2. Principal Place of Business

**12555 Orange Dr
Suite, Apt. #, etc.
123**

3. Mailing Address

Suite, Apt. #, etc.

City & State
Daivie Morian

City & State

Zip
33330

Country
Florida

Zip

Country

4. FEI Number **65-0883711**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LITTLE, MICHAEL G
911 CHESTNUT STREET
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

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.

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, 2002 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 **P** ☐ Delete
NAME **ROOTH, DONNA G**
STREET ADDRESS **1299 SW 159TH TERR**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **VP** ☐ Delete
NAME **ROOTH, RICHARD C**
STREET ADDRESS **1299 SW 159TH TERR**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 954-862-1477

Date

Daytime Phone #

CR2E034 (9/01)