

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90238 016 ***150.00

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DOCUMENT # P99000054343

1. Entity Name
D & G PAINTING AND STUCCO, INC.



Principal Place of Business
901 NE 6 STREET
HALLANDALE FL 33009

Mailing Address
901 NE 6 STREET
HALLANDALE FL 33009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0935524**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HORVATH, GYULA E
1425 ATLANTIC SHORES BLVD, SUITE 210
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name **DOMINICA HORVATH**
Street Address (P.O. Box Number is Not Acceptable) **901 NE 6 ST.**
City **Hallandale** FL Zip Code **33009**

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 *Domnica Horvath* **Domnica Horvath SM** **5/1/03**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HORVATH, GYULA	
STREET ADDRESS	1425 ATLANTIC SHORES BLVD, SUITE 210	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SM	<input type="checkbox"/> Delete
NAME	HORVATH, DOMINICA	
STREET ADDRESS	1425 ATLANTIC SHORES BLVD, SUITE 210	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORVATH, GYULA	
STREET ADDRESS	901 NE 6 street	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	SM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORVATH, DOMINICA	
STREET ADDRESS	901 NE 6 street	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Domnica Horvath* **DOMINICA HORVATH, SM** **5/1/03** **954-455-025**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)