

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
 02-13-2002 90175 022 ***150.00

0366281 AV

DOCUMENT # P99000111491

1. Entity Name
D & A FAMILY CORP.

Principal Place of Business
**11780 US HIGHWAY ONE SUITE 300
 NORTH PALM BEACH FL 33408**

Mailing Address
**11780 US HIGHWAY ONE SUITE 300
 NORTH PALM BEACH FL 33408**

DUPLICATE



2. Principal Place of Business

394 S MAYA PALM DR
 Suite, Apt. #, etc.

3. Mailing Address

394 S. Maya Palm Dr
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FL

City & State
BOCA RATON FL

4. FEI Number **65-0969955**

Applied For
 Not Applicable

Zip
33432

Country
USA

Zip
33432

Country
USA

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

6. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES, INC.
 11780 US HIGHWAY ONE SUITE 300
 NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name **Dale M. Gregory**

Street Address (P.O. Box Number is Not Acceptable)

394 S. MAYA PALM DR

BOCA RATON, FL

City

FL

Zip Code

33432

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 **Dale M. Gregory**

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

NOTE: Registered Agent signature required when reinstating)

DATE

1/28/02

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 **PD** ☐ Delete
 NAME **GREGORY, DALE M**
 STREET ADDRESS **394 S. MAYA PALM DR**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **STD** ☐ Delete
 NAME **GREGORY, AGNES**
 STREET ADDRESS **394 S MAYA PALM DR**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 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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 STREET ADDRESS
 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:

Dale M. Gregory
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/02 561-368-2131

CR2E034 (9/01)