

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90033 019 ***150.00

DOCUMENT # P93000038214

1. Entity Name
DD&S COMPANIES, INC.

Principal Place of Business 244 E PARK AVE LAKE WALES FL 33853	Mailing Address P O BOX 960 LAKE WALES FL 33859-0960 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3231731	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent BUTLER, MICHAEL 244 E. PARK AVE LAKE WALES FL 33853			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete RUMFELT, THOMAS B	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	644 S. LAKESHORE	NAME	
STREET ADDRESS	LAKE WALES FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete BUTLER, MICHAEL R.	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S
NAME	6801 N 54TH STREET	NAME	Butler, Michael R.
STREET ADDRESS	TAMPA FL 33601	STREET ADDRESS	3803 Corporex Park Drive #700
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33619
TITLE T	<input type="checkbox"/> Delete RUMFELT, COILETTE C	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T
NAME	644 S LAKESHORE	NAME	Rumfelt, Colette C
STREET ADDRESS	LAKE WALES FL	STREET ADDRESS	644 S. Lakeshore
CITY-ST-ZIP		CITY-ST-ZIP	Lake Wales, FL 33853
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Thomas B. Rumfelt** 1/21/00 (863) 676-1681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)