

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90234 048 ***150.00

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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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3231731**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**RUMFELT, THOMAS B
244 E. PARK AVE
LAKE WALES FL 33853**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RUMFELT, THOMAS B	
STREET ADDRESS	644 S. LAKESHORE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUMFELT, COILETTE C	
STREET ADDRESS	644 S LAKESHORE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUMFELT, CHRISTINA M	
STREET ADDRESS	250 CLENRIDGE WAY	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUMFELT, JULIE N	
STREET ADDRESS	7 VIOLET CIRCLE	
CITY-ST-ZIP	SANTA FE NM 87506	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUMFELT, CHAD T	
STREET ADDRESS	3319 S KIRKLAND ROAD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rumfelt, Thomas B	
STREET ADDRESS	244 E. Park Avenue	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rumfelt, Collette C	
STREET ADDRESS	244 E. Park Ave	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rumfelt, Christina M.	
STREET ADDRESS	244 E. Park Ave	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rumfelt, Julie N.	
STREET ADDRESS	244 E. Park Ave	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rumfelt, Chad T	
STREET ADDRESS	244 E. Park Ave	
CITY-ST-ZIP	Lake Wales, FL 33853	
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)(f), 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: **THOMAS B. RUMFELT, President**

Date **2/3/03**

Daytime Phone # **(863) 676-162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)