

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90397 049 ***158.75

DOCUMENT # P99000092788

1. Entity Name
DOUBLE M HOLDINGS, INC.

Principal Place of Business Mailing Address
692 NORTH LONGVIEW PLACE **PO BOX 915665**
LONGWOOD FL 32779 **LONGWOOD FL 32791**

C0056502



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3196 DEER CHASE RUN
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Longwood Florida **59-3609670** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32779 **USA**

6. Name and Address of Current Registered Agent
MOORE, DON
692 NORTH LONGVIEW PLACE
LONGWOOD FL 32779

7. Name and Address of New Registered Agent
 Name **Don**
 Street Address (P.O. Box Number is Not Acceptable)
3196 DEER CHASE RUN
 City **Longwood** State **FL** Zip Code **32779**

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. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DONALD	NAME	MOORE DON
STREET ADDRESS	692 NORTH LONGVIEW PLACE	STREET ADDRESS	3196 DEER CHASE RUN
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, STACY	NAME	3196 DEER CHASE RUN
STREET ADDRESS	692 NORTH LONGVIEW PLACE	STREET ADDRESS	LONGWOOD, FL 32779
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	LONGWOOD, FL 32779
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: *Don Moore* Date: **4/25/01** Daytime Phone #: **(407) 804-9070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP10020

CR2E034 (10/00)