## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 17, 2002 8:00 am Secretary of State DOCUMENT:# P99000092788 1. Entity Name ? 02-17-2002 90092 022 \*\*\*150.00 DOUBLE MEHOLDINGS, INC. 2460 Min Chase In I. Principal Place of Business Mailing Address 3196 DEER CHASE RUN PO BOX 915665 LONGWOOD FL 32779 LONGWOOD FL 32791 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3609670 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, DON Street Address (P.O. Box Number is Not Acceptable) 3196 DEER CHASE RUN LONGWOOD FL 32779 City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria jon back) Make Check Payable to Department of State 14 Table 1947 1947 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition NAME . MOORE, DON NAME STREET ADDRESS 3196 DEER CHASE RUN STREET ADDRESS CITY-ST-ZIP TO CITY-ST-ZIP LONGWOOD FL 32779 TITLE ☐ Delete TITLE Change ☐ Addition NAME MOORE, STACY NAME STREET ADDRESS 3196 DEER CHASE RUN STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LONGWOOD FL 32779 TITLE ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 region 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

SIGNATURE:

changed, or on an attachr

<u>LATURED BELLIMOTA</u> SIGNATURE AND TYPED OR PRINTED NAMI

vith an address, with all other like empowered.

**FILED**