

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G17922

1. Entity Name

D, K, & D INVESTMENTS COMPANY

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90122 018 ***150.00

Principal Place of Business

Mailing Address

~~9780 KILGONE RD~~
ORLANDO FL ~~32836~~

9780 KILGONE RD
ORLANDO FL 32836

331400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7403 International Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Zip

32819

Country

Orange

Zip

Country

4. FEI Number

59-2446060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEPHS, DELROY

~~9732 SOUTH BAY DRIVE~~

ORLANDO FL ~~32819~~

9780 Kilgore Rd
32836-5706

7. Name and Address of New Registered Agent

Name

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

9780 Kilgore Rd

Orlando

City

Orlando

FL

Zip Code

32836-5706

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	JOSEPHS, DELROY	
STREET ADDRESS	9780 KILGONE RD	
CITY - ST - ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOSEPHS, ELEANOR	
STREET ADDRESS	9780 KILGONE RD	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

E. Josephs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

407-876-4173

Daytime Phone #

CR2E034 (10/00)