

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90451 034 ***150.00

DOCUMENT # G25518

1. Entity Name

D.C.D. INDUSTRIES, INC.

Principal Place of Business

**1325 WEST BEAVER ST
 JACKSONVILLE FL 32209
 US**

Mailing Address

**P. O. BOX 40706 N/A
 JACKSONVILLE FL 32203
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2263521

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

**DAWKINS, D C JR
 1325 W. BEAVER ST.
 P. O. BOX 40706 N/A
 JACKSONVILLE FL 32203**

7. Name and Address of New Registered Agent

Name **D. Clinton Dawkins III**

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

1325 W. Beaver St.

City **Jacksonville**

FL

Zip Code **32209**

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

D. Clinton Dawkins III
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-02

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, 2002 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 **DPT** ☒ Delete
 NAME **DAWKINS, DEWITT C JR**
 STREET ADDRESS **1325 W BEAVER ST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ Delete
 NAME **HUTSON, DAWN E**
 STREET ADDRESS **1325 WEST BEAVER ST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VPD** ☐ Delete
 NAME **DAWKINS D CLINTON III**
 STREET ADDRESS **1325 WEST BEAVER ST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T** ☐ Delete
 NAME **SHUMAN, Beth**
 STREET ADDRESS **1325 W. Beaver St.**
 CITY-ST-ZIP **Jacksonville, FL 32209**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P,D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of the like empowered.

SIGNATURE:

D. Clinton Dawkins III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-02 904-355-3104

CR2E034 (9/01)