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

03-13-2003 90071 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G56843

1. Entity Name
DOUBLE D PROPERTIES, INC.

Principal Place of Business	Mailing Address
28900 SR 880 BELLE GLADE, FL 33430	PO BOX 691 BELLE GLADE, FL 33430

2. Principal Place of Business	3. Mailing Address
15200 Sally's Alley	15200 Sally's Alley
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Loxahatchee, FL	City & State: Loxahatchee, FL
Zip: 33470 Country: USA	Zip: 33470 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2321621 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, DAVID L.
1812 'B' ROAD
LOXAHATCHEE, FL 33470

7. Name and Address of New Registered Agent

Name: Carla Young
Street Address (P.O. Box Number is Not Acceptable): 15200 Sally's Alley
City: Loxahatchee FL Zip Code: 33470

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: Carla Young (signature) DATE: 04-04-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P YOUNG, DAVID L. 1812 B ROAD LOXAHATCHEE, FL 33470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Carla Young 15200 Sally's Alley Loxahatchee, FL 33470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KIRCHMAN, KATHY M 1812 B ROAD LOXAHATCHEE, FL 33470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Tommy Holt 457 OLD COUNTRY RD WELLINGTON, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carla Young (signature) CARLA YOUNG 03-09-03 561-798-4122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #