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
28900 SR 880
BELLE GLADE, FL 33430

Mailing Address
PO BOX 691
BELLE GLADE, FL 33430

☐ CHECK HERE IF MAKING CHANGES

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

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

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 04-04-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning) DATE

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

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 CARLA YOUNG 03-09-03 561-798-4122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #