2002 UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2002 8:00 am Secretary of State **DOCUMENT #** J57815 1. Entity Name 01-21-2002 90068 006 ***150.00 DDL, INC. Principal Place of Business Mailing Address 14501 S.E. US HWY 301 14501 S.E. US HWY 301 SUMMERFIELD FL ***** SUMMERFIELD FL-92507-2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2771623 Not Applicable Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ENGER, DEBRA Street Address (P.O. Box Number is Not Acceptable) 14501 SE US HWY 301 SUMMERFIELD FL 34491 Zip Code City 8. The above named entity submits this stater fant 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 the applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible .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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition TITLE TITLE DP ☐ Delete NAME LINN, DELAYNE NAME STREET ADDRESS 739 E. CHAPIN ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MORRIS IL ☐ Change ☐ Addition TITI F SD ☐ Delete TITLE NAME LINN, DELORES NAME STREET ADDRESS STREET ADDRESS 739 E. CHAPIN ST. CITY-ST-ZIP CITY-ST-ZIP MORRIS IL ☐ Addition TITLE ☐ Delete TITLE ☐ Change VΡ NAME NAME ENGER, KENNETH STREET ADDRESS STREET ADDRESS 14501 SE US HWY 301 CITY-ST-ZIP CITY-ST-ZIP SUMMERFIELD FL ☐ Delete TITLE Change Addition TITLE NAME NAME ENGER, DEBRA STREET ADDRESS STREET ADDRESS 14501 SE US HWY 301 CITY-ST-ZIP CITY-ST-ZIP Summerfield fl TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 atta

nt with an address, with all oth

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