

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90007 036 ***550.00

DOCUMENT # K58104

1. Entity Name

D & A INDUSTRIES, INC.

Principal Place of Business

926 S 8TH ST
FERNANDINA BEACH FL 32034
US

Mailing Address

926 S 8TH ST
FERNANDINA BEACH FL 32034
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2928555

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, JONI
926 S. 8TH STREET
FERNANDINA BEACH FL 32034

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPV
MITCHELL, DONNA
730 N FLETCHER AVE, #1
FERNANDINA BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
HALL, BUD
P.O. Box 931 JESSIE LANE
YULEE, FL 32041 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MITCHELL, DONNA
730 N FLETCHER AVE, #1
FERNANDINA BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
DONNA MITCHELL
1852 DRAURY ROAD
FERNANDINA BEACH, FL 32034 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

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:

Donna Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONNA MITCHELL

7/28/00
Date

904
261-0780
Daytime Phone #

CR2E034 (5/00)