

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 23 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000013086

1. Entity Name
D & T PROPERTIES, L.C.

Principal Place of Business
1205 MANATEE AVENUE WEST
BRADENTON FL 34205

Mailing Address
1205 MANATEE AVENUE WEST
BRADENTON FL 34205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNOWLES, TIMOTHY A ESQ.
HARRILLEE, PORGES, HAMLIN, KNOWLES ET AL.
1205 MANATEE AVENUE WEST
BRADENTON FL 34205

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete
MGR THOMPSON, IAN M
STREET ADDRESS #7 COURTLANDS AVENUE, HAYES, BROMLEY
CITY-ST-ZIP KENT BR2 7HY UK

TITLE NAME ☐ Change ☐ Addition
800004137508--2
-05/04/01--01097--021
*****50.00 *****50.00

TITLE NAME ☐ Delete
MR DROZD MICHAEL
STREET ADDRESS #4 CHATSWORTH CLOSE, WEST WICKHAM,
CITY-ST-ZIP BROMLEY KENT BR4 9QS UK

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-17-4-01 44 203 462 9438

CR2E083 (11/00)