

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013871

1. Entity Name

DDMS HOLDINGS, L.L.C.

Principal Place of Business

102 SURREY LANE
PONTE VEDRA BEACH FL 32082

Mailing Address

102 SURREY LANE
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

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

BARTLETT, BARON L
BARTLETT & DEAL, P.A.
135 PROFESSIONAL DR., STE. 101
PONTE VEDRA BEACH FL 32082

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NIEMIEC, MARK A
102 SURREY LANE
PONTE VEDRA FL 32082

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~XXXXXXXXXX~~ MGRM
LOUIS M. HEIDELBERGER
357 SPRING MILL ROAD
VILANOVA, PA 19085

☐ Change

☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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

July 11, 2002
Date

904-540-1945
Daytime Phone #

FILED
Jul 16, 2002 8:00 am
Secretary of State

01-24-2002 90114 040 ****50.00

07-16-2002 90371 004 ****50.00

970347



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)