

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-05-2003 90041 043 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

2/5

DOCUMENT # L02000020281

1. Entity Name
D&D GLOBAL TRADING LLC



55014756

Principal Place of Business
1425 SAN MATEO DRIVE
DUNEDIN FL 34698

Mailing Address
1425 SAN MATEO DRIVE
DUNEDIN FL 34698

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
15-1623794

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DEAN, MICHAEL J
1425 SAN MATEO DRIVE
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MICHAEL DEAN
1425 SAN MATEO DRIVE
DUNEDIN, FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHIEF EXECUTIVE OFFICER
MICHAEL DRABIN
5744 #6 CALAIS BLVD. N.
ST. PETERSBURG, FL 33714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHIEF EXECUTIVE OFFICER
Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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: *Michael Drabin* REQUIRED *Drabin*

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

Date

Daytime Phone #

1/21/03 727.584-8186

CR2E083 (10/02)