

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90059 045 ****70.00

DOCUMENT # N01000005389

1. Entity Name

D & D LONGSTRIDERS, INC.

Principal Place of Business

Mailing Address

**4430 POMPAÑO DR.
TAMPA FL 33617**

**4430 POMPAÑO DR.
TAMPA FL 33617**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3760466

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILBORN, DARRYL K
4430 POMPAÑO DR.
TAMPA FL 33617**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/p** ☐ Delete
NAME **WILBORN, DARRYL K**
STREET ADDRESS **4430 POMPAÑO DR.**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **D/VP** ☐ Change ☒ Addition
NAME **Anderson, Ken**
STREET ADDRESS **307 North Bradford Way**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE **D** ☐ Delete
NAME **POWELL, HERBERT JR.**
STREET ADDRESS **2512 E. CURTIS ST.**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **D/VP** ☐ Change ☒ Addition
NAME **Blanchett, Lori**
STREET ADDRESS **8751 Huntfield Street**
CITY-ST-ZIP **Tampa, FL 33635**

TITLE **D/S/T** ☐ Delete
NAME **WILBORN, DEBORAH F**
STREET ADDRESS **4430 POMPAÑO DR.**
CITY-ST-ZIP **TAMPA FL 33617**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Darryl K Wilborn**

February 28, 2002 (813)984-9589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)