

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005931

1. Entity Name

DISABLED ASSISTING DISABLED, INC.

Principal Place of Business

5115 N.W. 28TH AVE.  
FORT LAUDERDALE FL 33309

Mailing Address

5115 N.W. 28TH AVE.  
FORT LAUDERDALE FL 33309-2920

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WILLIAM J NORKUNAS  
5115 NW 28TH AVE  
FT LAUDERDALE FL 33309

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.

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DECOSTE, LINDA M  
CITY-ST-ZIP 26719 N.W. 51 PLACE  
TAMARAC FL 33309

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MOORE, ANDREA ESQ  
CITY-ST-ZIP 10665 N.W. 7 PLACE  
CORAL SPRINGS FL 33071

TITLE ☐ Delete  
NAME P/D  
STREET ADDRESS NORKUNAS, WILLIAM J  
CITY-ST-ZIP 5115 N.W. 28TH AVE.  
FORT LAUDERDALE FL 33309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 power like empowered.

SIGNATURE:

*William J Norkunas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 22, 2000 8:00 am  
Secretary of State

01-22-2000 90077 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

1-16-00 954-484-7149