

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2002 8:00 am**  
**Secretary of State**

06-06-2002 90084 049 \*\*\*150.00

**DOCUMENT # P00000026925**

1. Entity Name  
**DD&D ENTERPRISES, INC.**

Principal Place of Business  
**9420 GIBSON AVE.**  
**JACKSONVILLE FL 32208**

Mailing Address  
**9420 GIBSON AVE.**  
**JACKSONVILLE FL 32208**

2. Principal Place of Business  
**5133 Soutel Dr**  
 Suite, Apt. #, etc.  
**Suite 4**

3. Mailing Address  
**5133 Soutel Dr**  
 Suite, Apt. #, etc.  
**Suite 4**

City & State  
**Jacksonville FL**  
 Zip  
**32208**

City & State  
**Jacksonville**  
 Zip  
**32208**

4. FEI Number **59-3634992**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**PICKFORD, DONNIE L**  
**9420 GIBSON AVE.**  
**JACKSONVILLE FL 32208**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**9433 Soutel Dr**  
 City **Jacksonville** **FL** Zip Code **32208**

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 *Donnie L Pickford*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PICKFORD, DONNE L</b> <b>9420 GIBSON AVENUE</b> <b>JACKSONVILLE FL 32208</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donnie L Pickford*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/13/02** **(904) 318-4701**  
 Date Daytime Phone #

CR2E034 (9/01)