

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90006 016 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065270

1. Entity Name

D.N.D.P. CONSULTING CONCEPTS, INC.

DO NOT WRITE IN THIS SPACE

80054485

2. Principal Place of Business
502 NW 118 TERRACE

3. Mailing Address
502 NW 118 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS, FL 330

City & State
CORAL SPRINGS, FL

4. FEI Number
65-1020475

Applied For
Not Applicable

Zip -
33071

Country -

Zip -
33071

Country -

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
PAPPALARDO, JOSEPH

Street Address (P.O. Box Number is Not Acceptable)
502 NW 118 TERRACE

Suite, Apt. #, etc.

City
CORAL SPRINGS, FL

FL

Zip Code
33071

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
D PALAZZO, PAT
STREET ADDRESS
502 NW 118 TERRACE
CITY - ST - ZIP
CORAL SPRINGS, FL 33071

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

Date

954-757-7349

Daytime Phone #

CR2E034B (12/01)