## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 16, 2001 8:00 am Secretary of State DOCUMENT # P0000070031 1. Entity Name 05-16-2001 90019 038 \*\*\*150.00 D&D STREETRODS INC. Principal Place of Business Mailing Address 2919 51 ST EAST 2919 51 ST EAST 550113 BRADENTON FL 34208 BRADENTON FL 34208 2. Principal Place of Business 3. Mailing Address 9735 3 FULTON AVE 9736 & Fulton Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For <u>65-102</u>7057 Hudson Hudson, Fi Not Applicable Country US ~-\$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dhonau Michael DHONAU, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2919 51 ST EAST **BRADENTON FL 34208** B Fulton Ave. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President Addition TITLE ☐ Change TITLE ☐ Delete bnonau Michael NAME STREET ADDRESS 9735 B Fulton Ave. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HUNSON FL 3440 TITLE Y President ☐ Change Addition TITLE ☐ Delete NAME NAME D**bio**nau Kathleen STREET ADDRESS STREET ADDRESS 9735 B Fulton Ave. CITY-ST-ZIP CITY-ST-7IP HUDSOM, FL 34667 TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

727-819-8504