

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087993

1. Entity Name
D.D.C.S., INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90070 044 ***150.00

Principal Place of Business

~~5 PARKSIDE WAY~~ 9 Fox Run Tr.
ORMOND BEACH FL 32175

Mailing Address

~~5 PARKSIDE WAY~~ 9 Fox Run Tr.
ORMOND BEACH FL 32175

2. Principal Place of Business

9 Fox Run Tr.
Suite, Apt. #, etc.

3. Mailing Address

9 Fox Run Tr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ormond Beach, FL.

City & State

Ormond Beach, FL.

4. FEI Number

59-3610989

Applied For

Not Applicable

Zip

32174

Country

USA

Zip

32174

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Richard Calcutta

RICHARD CALCUTTA / PRESIDENT

7 APR 01

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, 2001 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
PTD
CALCUTTA, RICHARD
~~5 PARKSIDE WAY~~ 9 Fox Run Tr.
ORMOND BEACH FL 32175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
CALCUTTA, DEBORAH A
~~5 PARKSIDE WAY~~ 9 Fox Run Tr.
ORMOND BEACH FL 32175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ 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:

Richard Calcutta

RICHARD CALCUTTA

7 APR 01

(386) 677-7341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)