

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90175 042 ***150.00

DOCUMENT # P00000116639

1. Entity Name

D & D DAIRY, INCORPORATED

Principal Place of Business

Mailing Address

**123 SOUTH RT 1 BOX 1150
 GLEN ST MARY FL 32040**

**123 SOUTH RT 1 BOX 1150
 GLEN ST MARY FL 32040**

DUU4JJJD



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8824 Tom Adams Rd.

3. Mailing Address

P.O. Box 1115

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Glen St. Mary, FL

Glen St. Mary FL

4. FEI Number

59-3688166

Applied For

Not Applicable

Zip

Country

Zip

Country

32040

USA

32040

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGISTER, DARRYL E
 12438 REGISTER ROAD
 SANDERSON FL 32087**

Name **Register, Darryl E.**

Street Address (P.O. Box Number is Not Acceptable)

9452 Glenwood Drive

City **Glen St. Mary**

FL

Zip Code **32040**

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) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **REGISTER, DARRYL E**
 STREET ADDRESS **12438 REGISTER ROAD**
 CITY-ST-ZIP **SANDERSON FL 32087**

TITLE **p/d** ☒ Change ☐ Addition
 NAME **Register, Darryl E.**
 STREET ADDRESS **9452 Glenwood Drive**
 CITY-ST-ZIP **Glen St Mary, FL 32040**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S/T/D** ☐ Change ☒ Addition
 NAME **Register, Danette H.**
 STREET ADDRESS **9452 Glenwood Drive**
 CITY-ST-ZIP **Glen St Mary, FL 32040**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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: **Darryl E. Register**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02
 Date

904-259-6455
 Daytime Phone #

CR2E034 (9/01)