

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90126 012 ***158.75

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1. Entity Name
DOUBLE D HOLDING, INC.



Principal Place of Business
3295 PINEWALK DR. N
102
MARGATE FL 33063

Mailing Address
2901 BOGOTA AVE
COOPER CITY FL 33026

11029289



2. Principal Place of Business

6289 W Sample Rd
Suite, Apt. #, etc.

3. Mailing Address

6289 W Sample Rd
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Coral Springs FL

City & State
Coral Springs FL

4. FEI Number 65-1080815

Applied For
Not Applicable

Zip Country
33067 Broward

Zip Country
33067 Broward

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

6. Name and Address of Current Registered Agent

HAMMONS, DEBORAH G
3295 PINEWALK DR. N #102
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name Deborah Kendall HAMMONS
Street Address (P.O. Box Number is Not Acceptable)
6289 W. Sample Rd
Coral Springs FL Zip Code 33067

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Deborah Kendall Hammons

4/26/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME HAMMONS, DEBORAH Kendall
STREET ADDRESS 3295 PINEWALK DR. N #102
CITY-ST-ZIP MARGATE FL 33063

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Deborah Kendall HAMMONS
STREET ADDRESS 6289 W Sample Rd
CITY-ST-ZIP Coral Springs, FL 33067

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah Kendall Hammons 4/26/03 954255-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)