

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91489 041 ***150.00

DOCUMENT # P01000039600

1. Entity Name
D AND D ACQUISITION CORP.

Principal Place of Business
301 YAMATO RD. SUITE 3110
BOCA RATON FL 33431

Mailing Address
301 YAMATO RD. SUITE 3110
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2160 W. Atlantic Ave.

3. Mailing Address
2160 W. Atlantic Ave.

Suite, Apt. #, etc.
Second floor

Suite, Apt. #, etc.
Second floor

City & State
Delray Beach FL

City & State
Delray Beach FL

4. FEI Number
26-0003765

Applied For
☐ Not Applicable

Zip Country
33445 USA

Zip Country
33445 USA

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

6. Name and Address of Current Registered Agent

ARONBERG, DAVID T
301 YAMATO RD, SUITE 3110
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **DAVID T. ARONBERG**
 Street Address (P.O. Box Number is Not Acceptable)
2160 W. Atlantic Ave.
Second floor
 City **Delray Beach** **FL** Zip Code **33445**

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]* **DAVID T. ARONBERG** **4/18/02**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARONBERG, DAVID T 301 YAMATO RD, SUITE 3110 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIFERT, DOUGLAS I 301 YAMATO RD, SUITE 3110 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2160 W. Atlantic Ave. Second floor Delray Beach FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2160 W. Atlantic Ave. Second floor Delray Beach FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **DAVID T. ARONBERG** **4/18/02** **561 2669191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)