FILED
Mar 28, 2002 8:00 am g
Secretary of State

03-28-2002 90135 029 \*\*\*158.75

## 2002 Uniform Business Report (UBR)

**DOCUMENT #** P01000044770 1. Entity Name P & D RESOURCES, INC.

Principal Place of Busines	ss	Mailing Address					
13448 OKLAHOMA WOODS ORLANDO FL 32824	S CT.	13448 OKLAHOMA WOODS CT. ORLANDO FL 32824					
2. Principal Place of Busi	ness	3. Mailing Address P.O. Box 274/7/					
Suite, Apt. #, etc.		Suite, Apt. #, etc.  TAMOU F/.					
City & State		City & State					
Zip	Country	33688 Hills bo rough					
6. Name and Address of Current Registered Agent							

CREANOC PE	32024		UNDANDO FE 32024	V							
2. Principal Place of Business			3. Mailing Address 27417/								
Suite, Apt. #, etc.			Suite, Apt. #, etc. TAMOG F/			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FELNumber Applied For Not Applicable					
Zip		Country	33688	5. Certificate of Status Desired \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent					oxough	7. Name a	and Address	of New Register	ed Agent		
			-	1	Name						
DENYKE, DIANE						Street Address (P.O. Box Number is Not Acceptable)					
13448 OK	LAHOMA W	OODS CT.			ou cet Address (	(1 .O. DOX 14d)	HIDGI IS NOT A	cceptable)			
	FL 32824										
01.2 10 0				_	Nie					,	
					City			ŀ	FL Zip Cod	ie	
8. The above	named entity	submits this statement for	the purpose of changing its	registered s	ffice or registe	red agent, or	both, in the S	tate of Florida.	•		
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SIGNATURE ,	PIAN	E I DEL	lu VE	R	june p.	Ne 114	RC.	3-19	-02		
DIGNATORE,	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOT	: Registered Age	ent signature required	d when reinst thg	)		TE ·	1 1	
O This corns	restina in aliai	ble to satisfy its Intangible	Ell E NOW!	U CCE 10	6150.00					الأولاد أو أرائد	
			FILE NOW! After May 1, 20					paign Financing	\$5.0	00 May Be	
Tax filing requirement and elects to do so. (See criteria on back)  After May 1, 2002  Make Check Payable					ite	Trust Fund Co	ontribution.		d to Fees		
11.		OFFICERS AND D	· -	12.			UO /OLIANIOEO	TO OFFICERS	AND DIDECTOR	10 151 44	
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CITY-ST-ZIP				CITY-ST-Z	ZIP						
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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:

813 968 2326