2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

518 W. OCEAN AVE.

BOYNTON BCH FL 33426

DOCUMENT # P01000075781

1. Entity Name

Principal Place of Business

BOYNTON BCH FL 33426

518 W. OCEAN AVE.

D&D CONTAINER MANUFACTURING, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90242 007 ***150.00

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	☐ CHECK HERE IF MAI	KING CH	ANGES	
4. F	65-1124087		\rightarrow	plied For t Applicable
5. (Certificate of Status Desired		75 Add Require	
7. N	lame and Address of New Registe	red Agen	t	
0. B	ox Number is Not Acceptable)			
			Zip Cod	
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	Election Campaign Financing Trust Fund Contribution.	, 		0 May Be I to Fees
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2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address		T I BOURTON THE BOURT BO					
		Suite, Apt. #, etc. City & State		☐ CHECK HERE	CHECK HERE IF MAKING CHANGES				
				4. FEI Number 65-1124087	4. FEI Number 65-1124087				
Zip	Country	Zip	Country	5. Certificate of Status Desired		\$8.75 Ac			
6. Name and Address of Current Registered Agent				7. Name and Address of New	Registere	d Agent			
DECIMANE MOUNT			N	Name					
DESIMONE, MICHAEL 518 W. OCEAN AVE. BOYNTON BCH FL 33426		Si	Street Address (P.O. Box Number is Not Acceptable)						
_			C	City		Zip Co			

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.

the obligations of registered agent.

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

(NOTE: Registered Agent signature required when reinstation

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10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					3 IN 11]_
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12. I hereby certify that the information supplied with this tripg does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information										

2. I hereby certify that the information supplied with this titled 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 employed 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:

SIC/JAJUTE ASSISTED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #