

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90279 049 \*\*\*150.00

**DOCUMENT # P01000116070**

1. Entity Name  
**DDC ENTERPRISES, INC.**

Principal Place of Business  
**21 ARBOR CLUB DRIVE #209**  
**PONTE VEDRA FL 32082**

Mailing Address  
**21 ARBOR CLUB DRIVE #209**  
**PONTE VEDRA FL 32082**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**127A 16th Ave N**  
 Suite, Apt. #, etc.

3. Mailing Address  
**127A 16th Ave N**  
 Suite, Apt. #, etc.

City & State  
**Jacksonville Beach FL**  
 Zip  
**32250**  
 Country

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**Jacksonville Beach FL**  
 Zip  
**32250**  
 Country

4. FEI Number  
**26-0007244**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHAPMAN, DAVID D**  
**21 ARBOR CLUB DRIVE #209**  
**PONTE VEDRA FL 32082**

7. Name and Address of New Registered Agent  
 Name **127A 16th Ave N**  
 Street Address (P.O. Box Number is Not Acceptable)  
**127A 16th Ave N**  
 City **Jacksonville Beach** **FL** Zip Code **32250**

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 *David D Chapman* DATE 7-30-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	PSDT CHAPMAN, DAVID D 21 ARBOR CLUB DRIVE #209 PONTE VEDRA FL 32082 <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
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	PSDT Chapman David D 127A 16th Ave N Jacksonville Beach FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: *David D Chapman* **SIGNATURE REQUIRED** DATE 904-347-5778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment  
123501

## TAX ADVANTAGE

Income Tax Services  
Financial & Insurance Services  
Accounting & Bookkeeping Services

JAMES K. REESE, EA  
FREDERICK J. REESE

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

July 31, 2002

Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32302

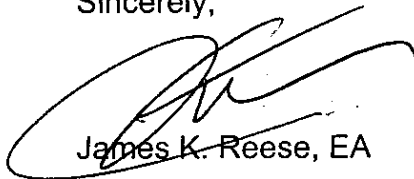
Re: DDC Enterprises, Inc. – 2002 Uniform Business Report  
Doc. # P01000116070

Dear Sir or Madam:

The above referenced Taxpayer never received the original preprinted Uniform Business Report for the above referenced period. As soon as we received the enclosed 2<sup>nd</sup> Request it was completed and filing fee submitted. We request your assistance in abating the Late Filing Penalties concerning the 2002 Report. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,



James K. Reese, EA

Enclosures:  
Check for \$150.00  
2002 Uniform Business Report