2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90468 045 ***150.00

DOCUMENT # P02000011012

1. Entity Name
DOUBLE D'S PILOT ESCORT SERVICE, INC.

Principal Place of Business	Mailing Address
6590 S. PATRICIA TERR. LECANTO, FL 34461	6590 S. PATRICIA TERR. LECANTO, FL 34461

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 6597 S WOODY TERRACE	Suite, Apt. #, etc. 6597 S WOODY TERRACE
City & State LECANTO, FL	City & State LECANTO, FL.
Zip 34461 Country CITRUS	Zip 34461 Country CITRUS

4. FEI Number 01-0614240 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOVACH, MICHAEL T JR. 106 N. OSCEOLA AVE. INVERNESS, FL 34450	Name MARCIA B. DINGLER Street Address (P.O. Box Number Is Not Acceptable) 6597 S. WOODY TERRACE City LECANTO FL Zip Code 34461

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 Marcia B. Dingler 3-12-03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HURT, DENZIL D 6590 S. PATRICIA TERR. LECANTO, FL 34461 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HURT, Denzil D 6597 S WOODY TERRACE LECANTO, Fl. 34461 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DINGLER, MARCIA B 6590 S. PATRICIA TERR. LECANTO, FL 34461 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DINGLER, MARCIA B 6597 S WOODY TERRACE LECANTO, Fl. 34461 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Marcia B. Dingler Director 3-12-03 352-621-7731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)