## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # **P93000006690**

1. Entity Name

CITY-ST-ZIP

SIGNATURE:

D & D HAULING, INC.

Principal Place of Business

3275 MADISON 		13275 MADISON AVENUE LARGO FL 33773-1116			( 1 <b>00</b> 141 <b>01</b> 6) 14 <b>0</b> 504 <b>10</b> 1414 <b>1</b> 004	SI <b>Ba</b> hii <b>Ba</b> iti <b>Ba</b> hii <b>Ba</b> iti		II <b>11</b> 11 1 <b>16</b> 1	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	El Number <b>59-319</b>	00059		plied For	
Zip	Country	Zip .	Country	5.	Certificate of Status Des		8.75 Add	litional	
	6. Name and Address of Current	Registered Agent		7. 1	Name and Address of N	New Registered A	gent		
1327	LOP, RICHARD 5 MADISON AVE GO FL 33773	· · · · · · · · · · · · · · · · · · ·		dress (P.O. B	iox Number is Not Accel ADISON				
			City	ARU	ย	FL	Zip Cod	773	
9. This corpo	Signature, typed or printed name of registered agent of praction is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!	FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of Sta		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
	OFFICERS AND		12.		DITIONS/CHANGES TO	O OFFICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUNLOP, DAN 13275 MADISON AVENUE LARGO FL 33773	☐ Delete	TITLE	D	DAN MADISIN AVE O, PC - 3377		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	
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	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	<u>.</u>			Change	Addition	

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 24, 2000 8:00 am Secretary of State 01-24-2000 90271 031 \*\*\*150.00