

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043590

1. Entity Name

D & D BEAUTY, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90906 035 ***150.00

Principal Place of Business

285-B E. ALFRED ST.
TAVARES FL 32778
US

Mailing Address

P. O. BOX 937
TAVARES FL 32778-0937
US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

285 B E Alfred St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVARES, FL.

4. FEI Number

59-3186002

Applied For

Not Applicable

Zip

Country

Zip

Country

32778

Lake

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

THOMPSON, DAISY C MS.
315 W. KENTUCKY AVE
TAVARES FL 32778-2421

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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:

SIGNATURE *DAISY C Thompson (Pres)*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEWITT, THELMA J	
STREET ADDRESS	P. O. BOX 714 N/A	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, DAISY C	
STREET ADDRESS	315 W. KENTUCKY AVE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Daisy C Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2000
Date

357 343-3636
Daytime Phone #

CFR2034 (9/99)