

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90061 001 *1,117.50

DOCUMENT # P93000066047

1. Entity Name

DD-NACKK ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~7667 WEST SAMPLE ROAD #305~~
 CORAL SPRINGS FL 33067

~~7667 WEST SAMPLE ROAD #305~~
 CORAL SPRINGS FL 33065-4718

new address

20695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10 Compass Road

10 Compass Road

Suite, Apt., etc.

Suite, Apt., etc.

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33308

Country

Zip

33308

Country

4. FEI Number

65-0446679

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

LYONNAIS, DANIEL
4900 W LEITNER DR
801 BRICKELL AVENUE 24TH FLOOR
CORAL SPRING FL 33067

Name *Same - new address*

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

10 Compass Road

City *Fort Lauderdale FL*

Zip Code

33308

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

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	PT	<input type="checkbox"/> Delete
NAME	LYONNAIS, DANIEL	
STREET ADDRESS	4900 W. LEITNER	<i>New address</i>
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LYONNAIS, DEBRA ANN	
STREET ADDRESS	4900 W. LEITNER	<i>New address</i>
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>10 Compass Road</i>	
CITY-ST-ZIP	<i>Fort Lauderdale FL 33308</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>10 Compass Road</i>	
CITY-ST-ZIP	<i>Fort Lauderdale FL 33308</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone