

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90033 029 ***150.00

DOCUMENT # P94000007754

1. Entity Name

P.D&D., INC.

DO NOT WRITE IN THIS SPACE

425323

2. Principal Place of Business

3020 Hartley Road

Suite, Apt. #, etc.

Suite 100

City & State

Jacksonville, FL

Zip

32257

Country

Duval

3. Mailing Address

3020 Hartley Road

Suite, Apt. #, etc.

Suite 100

City & State

Jacksonville, FL

Zip

32257

Country

Duval

4. FEI Number

59-3302998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Newton, Clifford B.

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

10192 San Jose Boulevard

City

Jacksonville

FL

Zip Code

32257

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
D
Harden, Paul M.
1301 Riverplace Blvd #2601
Jacksonville, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Hutson, David W.
3020 Hartley Rd #100
Jacksonville, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Hinson, Donald P.
3020 Hartley Rd #100
Jacksonville, FL 32257

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowerments.

SIGNATURE:

Donald P. Hinson **2/27/02** **904/262-7718**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)