2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000019446

Entity Name

D & D UTILITIES, INC.

FILED

00 MAY 23 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3113 HARRISON ST. HOLLYWOOD, FL 33021	3113 HARRISON ST. HOLLYWOOD, FL 33021
Principal Place of Business 530 S. PARK RD. Suite, Apt. #, etc. #1136 City & State HOLLYWOOD, FL Zip 33021 Country U.S.	3. Mailing Address 530 S. PARK RD. Suite, Apt. #, etc. #1136 City & State HOLLYWOOD, FL Zip 33021 Country U.S.

4. FEI Number 65-0471744 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHENDELL, TAMAR D.
3200 N.E. 14th ST. CAUSWAY
SUITE 600
POMPANO BEACH, FL 33062

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
D ☐ Delete DWYER, JAMES 3113 HARRISON ST. HOLLYWOOD, FL 33021	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
D Delete DWYER, RACHEL 3113 HARRISON ST. HOLLYWOOD, FL 33021	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 500003291055---1 -06/15/00--01060--002
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ****150.00 ☐ ****150.00
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP LS ☐ Change ☐ Addition

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: X Rachel Dwyer 4/28/00 954 964-6657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)