

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P94000037749**

1. Entity Name

D & D Leasing, INC.**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90177 004 ***150.00

Principal Place of Business

Mailing Address

11801 ELYSSA RD**P. O. BOX 290676****THONOTOSASSA FL 33592****TAMPA FL 33687-0676****US****US**

2. Principal Place of Business

3. Mailing Address

11708 Hwy 301 No.**P.O. BOX 274023**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

THONOTOSASSA, FL**TAMPA, FL 33688**

4. FEI Number

Applied For

59-3247107

Not Applicable

Zip

Country

Zip

Country

33592**33688**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

STERN, RANDY K.
220 S. FRANKLIN ST.
TAMPA, FL 33602

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

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP									
	DAVID T PALAZZO	11708 Hwy 301 No	THONOTOSASSA, FL							
	DELLANE Tynefield	11708 Hwy 301 No.	THONOTOSASSA, FL							

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 113.07(3)(a), 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 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

DAVID T. PALAZZO**4/27/01**

Date

Business Phone #