

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **194 000054434**  
 1. Entity Name  
**DDENN-EO PRODUCTS, INC.**

Principal Place of Business Mailing Address  
**Rt 3 Box 47 FF**  
**Monticello, FL 32344**

2. Principal Place of Business 3. Mailing Address  
**Waukegan FL 054427** **Same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Monticello FL**

City & State Zip Country  
**Waukegan FL 32344** **3**  
**32344** **3**

6. Name and Address of Current Registered Agent  
**William R Floyd**  
**Rt 3 Box 47 FF**  
**Monticello FL 32344**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 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
<b>President</b> <b>William R Floyd</b> <b>Rt 3 Box 47 FF</b> <b>Monticello FL 32344</b>			
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
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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
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

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: **W R Floyd**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED AND FILED  
 01 SEP 18 PM 3:57

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**300004610653--7**  
**-09/25/01--01083--004**  
**\*\*\*150.00 \*\*\*150.00**

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

9-17-01

2002

WE DID NOT RECIEVE A NOTICE  
TO RE NEW CORP STATUS THIS YEAR.

President DREWING & DREWING  
Wm R. Drew