

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1412

DOCUMENT # P94000054434

1. Entity Name

DDEMM-CO PRODUCTS INC.

FILED

04 NOV 18 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1817 WEST CAPPS

3. Mailing Address
1817 WEST CAPPS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MONTICELLO, FL

City & State
MONTICELLO, FL

Zip 32344 Country JEFFERSON

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4. FEI Number
59-3330406

Applied For
Not Applicable

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

REINSTATEMENT

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FLOYD, WILLIAM R

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

1817 WEST CAPPS

City

MONTICELLO

FL

Zip Code
32344

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 _____ (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	P FLOYD, WILLIAM F 1817 WEST CAPPS MONTICELLO, FL. 32344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042861894 11/18/04 01005 004 **150.00 mcl 11/18/04
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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 empowered.

SIGNATURE: W-R F
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/04

Date

Daytime Phone #

CR2E034B (12/01)

Secretary of State
Division of Corporation
P O Box 5327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DDEMM-CO Products, Inc.
P94 0000 54434
1817 West Capps
Monticello, FL 32344

notification
I did not receive my letter from you this year to file my corporate report. I was going through a divorce and over looked following up on it.

Thank You,

William R Floyd

WR Floyd