

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

DOCUMENT # P94 0600 544 34

1. Entity Name

DDMM-CO Products Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB -4 AM 11:34

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Waukegan FL

3. Mailing Address

1917 WEST CAPPS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Monticello FL

City & State

4. FEI Number

59-3330406

Applied For

Not Applicable

Zip

32344

Country

Jefferson

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William R Floyd

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

1917 WEST CAPPS

LI

City

MONTICELLO

FL

Zip Code

32344

**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

W R Floyd

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
<u>P</u>	<u>William R Floyd</u>	<u>1917 WEST CAPPS</u>	<u>MONTICELLO, FL 32344</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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CR2E034B (12/01)

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 Floyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #