

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056739

1. Entity Name

D & P MANAGEMENT INVESTMENTS, INC.

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90017 033 ***150.00

Principal Place of Business

127 DOLPHIN POINTE RD
NICEVILLE FL 32578

Mailing Address

127 DOLPHIN POINTE RD
NICEVILLE FL 32578

2. Principal Place of Business

109 E. John Sims Pkwy
Suite, Apt. #, etc.

3. Mailing Address

109 E. John Sims Pkwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Niceville, FL

City & State

Niceville, FL

4. FEI Number

65-0682008

Applied For

Not Applicable

Zip

32578

Country

USA

Zip

32578

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORY, DON
964 HWY 441 SE
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

Name

Don Ory

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

127 Dolphin Pointe Rd.

City

Niceville

FL

Zip Code

32578

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ORY, DON
127 DOLPHIN POINTE RD
NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ORY, PATTIE
127 DOLPHIN POINTE RD
NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ 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:

Pattie Ory *Don Ory*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/01

850-678-3737

CR2E034 (10/00)