

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082967

1. Entity Name

D & S PROPERTIES, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90028 007 ***150.00

Principal Place of Business

Mailing Address

8608 EIGHT MILE CREEK RD
PENSACOLA FL 32526

8608 EIGHT MILE CREEK RD
PENSACOLA FL 32526-8758

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3407565

Applied For

Not Applicable

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

STURGEN, WILLIAM M JR
2253 COUNTRY PLACE DR
PENSACOLA FL 32534-9501

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

William M Sturgen Jr.

3-10-00

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 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 DPT ☐ Delete
NAME SPERANZO, DANIEL J
STREET ADDRESS 6853 CEDAR RIDGE DR
CITY-ST-ZIP PENSACOLA FL

TITLE DPT ☒ Change ☐ Addition
NAME DANIEL J. SPERANZO
STREET ADDRESS 8608 EIGHT MILE CREEK Rd.
CITY-ST-ZIP Pensacola FL 32526

TITLE DVPS ☐ Delete
NAME SPERANZO, SHERRY D
STREET ADDRESS 6853 CEDAR RIDGE DR
CITY-ST-ZIP PENSACOLA FL

TITLE DVPS ☒ Change ☐ Addition
NAME SHERRY D. SPERANZO
STREET ADDRESS 8608 EIGHT MILE CREEK Rd.
CITY-ST-ZIP Pensacola FL 32526

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

Sherry D Speranzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00 (850)941-2545

Date

Daytime Phone #

CS 1-00-000000