

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90933 004 ***150.00

0002341 AT

DOCUMENT # P96000092360

1. Entity Name

D & D CONSULTING SERVICES, INC

Principal Place of Business

Mailing Address

**3015 HARTLEY RD
8C
JACKSONVILLE FL 32257
US**

**3015 HARTLEY RD
8C
JACKSONVILLE FL 32257
US**

2. Principal Place of Business

3. Mailing Address

**8130 Baymeadows Way
Suite, Apt. #, etc.
Ste 303**

**8130 Baymeadows Way
Suite, Apt. #, etc.
Ste 303**

**City & State
JACKSONVILLE, FL**

**City & State
JACKSONVILLE FL**

**Zip
32256**

Country

**Zip
32256**

Country

4. FEI Number

59-3414621

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

**DEANGELO, DEBORAH
12438 IVY WOODS CT
JACKSONVILLE FL 32258**

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

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, 2002 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 **D** ☐ Delete
NAME **DEANGELO, DEBORAH**
STREET ADDRESS **12438 IVY WOODS CT**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

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

TITLE **D** ☐ Delete
NAME **HOFFMAN, DAVID G**
STREET ADDRESS **9461 BEAUCLERC COVE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13810 Sutton Park Dr N Unit 415**
CITY-ST-ZIP **Jacksonville FL 32224**

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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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
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:

David G. Hoffman

(904) 636-5959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)