

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90066 009 \*\*\*150.00

**DOCUMENT # P96000092360**

1. Entity Name  
**D & D CONSULTING SERVICES, INC**



Principal Place of Business  
**8130 BAYMEADOWS WAY 303  
JACKSONVILLE FL 32256  
US**

Mailing Address  
**8130 BAYMEADOWS WAY 303  
JACKSONVILLE FL 32256  
US**

**90004042**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3414621**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEANGELO, DEBORAH</b>	
STREET ADDRESS	<b>12438 IVY WOODS CT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32258</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOFFMAN, DAVID G</b>	
STREET ADDRESS	<b>13810 SUTTON PAUL DR N UNIT 415</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Deborah De Angelo* **1/14/03** **(904)636-5959**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)