

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006709

1. Entity Name

D & D CONSTRUCTION GROUP, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90136 013 ***150.00

Principal Place of Business

Mailing Address

1775 BLOUNT ROAD
UNIT 416
POMPANO BEACH FL 33060
US

1775 BLOUNT ROAD
UNIT 416
POMPANO BEACH FL 33069-5128
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0737250

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

7. Name and Address of New Registered Agent

JONES, DOUGLAS
1091 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

Name JONES, DOUGLAS

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

1775 Blount Road Unit 415

City Pompano Beach

FL

Zip Code

33069

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

Douglas Jones

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-2000

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 D ☐ Delete
NAME JONES, DOUGLAS
STREET ADDRESS 1091 E COMMERCIAL BLVD
CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE D ☒ Change ☐ Addition
NAME JONES, DOUGLAS
STREET ADDRESS 1775 Blount Road Unit 415
CITY-ST-ZIP Pompano Beach FL 33069

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 ☐ 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:

Douglas Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2000

Date

954 969 5545

Daytime Phone #

CR2E034 (9/99)