

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036604

1. Entity Name

D D T SERVICES, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90164 050 \*\*\*150.00

Principal Place of Business

Mailing Address

5423 HIGHLANDS VISTA CIRCLE  
LAKELAND FL 33813-5216

5423 HIGHLANDS VISTA CIRCLE  
LAKELAND FL 33813-5216

652508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1035 HANKIN RD.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2183

Suite, Apt. #, etc.

City & State

BARTOW, FL

City & State

BARTOW, FL

4. FEI Number

59-3447414

Applied For

Not Applicable

Zip

33830

Country

Zip

33831-2183

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

THORNBERRY, DOUGLAS D JR

5423 HIGHLANDS VISTA CIRCLE  
LAKELAND FL 33813-5216

SEE BLOCK 7

Name

DOUGLAS D. THORNBERRY JR

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

1035 HANKIN RD.

City

BARTOW

FL

Zip Code

33830

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, Word 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 D ☐ Delete  
NAME THORNBERRY, DOUGLAS D JR  
STREET ADDRESS 5423 HIGHLANDS VISTA CIRCLE  
CITY-ST-ZIP LAKELAND FL 33813-5216  
SEE BLOCK 12

TITLE D ☐ Delete  
NAME THORNBERRY, JOYCE M  
STREET ADDRESS 5423 HIGHLANDS VISTA CIRCLE  
CITY-ST-ZIP LAKELAND FL 33813-5216  
SEE BLOCK 12

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME DOUGLAS D. THORNBERRY JR  
STREET ADDRESS 1035 HANKIN RD  
CITY-ST-ZIP BARTOW, FL 33830

TITLE D ☒ Change ☐ Addition  
NAME JOYCE M. THORNBERRY  
STREET ADDRESS 1035 HANKIN RD  
CITY-ST-ZIP BARTOW, FL 33830

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

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

TITLE ☐ Change ☐ Addition  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (9/99)