

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90074 023 ***150.00

DOCUMENT # P97000036604

1. Entity Name
D D T SERVICES, INC.

Principal Place of Business

1035 HANKIN RD
 BARTOW FL 33830

Mailing Address

PO BOX 2183
 BARTOW FL 33831-2183

2. Principal Place of Business

960 E. LAKE RD.
 Suite, Apt. #, etc.

3. Mailing Address

960 E. LAKE RD.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BARTOW, FL

City & State

BARTOW, FL

4. FEI Number

59-3447414

Applied For

Not Applicable

Zip

33830

Country

USA

Zip

33830

Country

USA

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
1035 HANKIN RD
BARTOW FL 33830

Name

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

960 E. LAKE 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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/01

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, 2001 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 | <input type="checkbox"/> Delete |
| NAME | THORNBERRY, DOUGLAS D JR | |
| STREET ADDRESS | 1035 HANKIN RD | |
| CITY-ST-ZIP | BARTOW FL 33830 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | THORNBERRY, JOYCE M | |
| STREET ADDRESS | 1035 HANKIN RD | |
| CITY-ST-ZIP | BARTOW FL 33830 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 960 E. LAKE RD. | |
| CITY-ST-ZIP | BARTOW FL 33830 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 960 E. LAKE RD. | |
| CITY-ST-ZIP | BARTOW FL 33830 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 D. THORNBERRY JR.

1/24/01

(888) 671-6372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)