

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90233 011 ***158.75

U391639
 AV

DOCUMENT # P97000037585

1. Entity Name
D'S AND D'S TRANSPORT & EQUIPMENT, INC.

Principal Place of Business
1302 WINGFIELD STREET
LAKE WORTH FL 33460

Mailing Address
1302 WINGFIELD STREET
LAKE WORTH FL 33460

B0111290



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 **65-0750982**

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

DEVEAUX, CARL
130 WINGFIELD STREET
LAKE WORTH FL 33460

Name **Deveaux, Carl**
 Street Address (P.O. Box Number is Not Acceptable) **1302 Wingfield St.**
 City **Lake Worth** **FL** Zip Code **33460**

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-26-02
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DEVEAUX, CARL | |
| STREET ADDRESS | 1763 PIERCE DR | |
| CITY-ST-ZIP | LK WORTH FL 33460 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | DEVEAUX, EDMUND | |
| STREET ADDRESS | 711 S PALM WAY | |
| CITY-ST-ZIP | LK WORTH FL 33460 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 (501) 585-6370
 Date Daytime Phone #

CR2E034 (9/01)