

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080404

1. Entity Name

DDG, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90158 003 ***158.75

Principal Place of Business

956 SOUTHRIDGE TRAIL
ALTAMONTE SPRINGS FL 32714

Mailing Address

956 SOUTHRIDGE TRAIL
ALTAMONTE SPRINGS FL 32714-1296

LU0006248



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1239 East Lake Colony Drive
Suite, Apt. #, etc.

3. Mailing Address

1239 East Lake Colony Drive
Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

Maitland, FL

4. FEI Number

59-3470573

Applied For

Not Applicable

Zip

32751

Country

U.S.A

Zip

32751

Country

U.S.A

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GINSBURG, DIANE
956 SOUTHRIDGE TRAIL
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

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

1239 East Lake Colony Drive
City Maitland FL Zip Code 32751

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 Diane Ginsburg, Diane Ginsburg

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

(NOTE: Registered Agent signature required when reinstating)

1/9/2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GINSBURG, DIANE	
STREET ADDRESS	956 SOUTHRIDGE TRAIL	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ginsburg, Diane	
STREET ADDRESS	1239 East Lake Colony Drive	
CITY-ST-ZIP	Maitland, FL 32751	
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		
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: Diane Ginsburg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)622-0571 1/9/2000

Date

Daytime Phone #

CR2E034 (9/99)