

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032339

1. Entity Name

D & D ENDAVORS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90074 036 ***150.00

Principal Place of Business

Mailing Address

620 SR 542
DUNDEE FL 33838

620 SR 542
DUNDEE FL 33838

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dundee, FL

Dundee, FL

Zip 33838

Country US

Zip 33838

Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3513224

Applied For

Not Applicable

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

DAVIS, MICHAEL
620 SR 542
DUNDEE FL 33838

Name

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

620 Dundee Rd

City

Dundee

FL

Zip Code 33838

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

Michael Davis

1/12/00

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 ☐ Delete
NAME P
STREET ADDRESS DAVIS, GEORGE A III
CITY-ST-ZIP 620 DUNDEE ROAD
DUNDEE FL 33838

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 620 Dundee Rd
CITY-ST-ZIP Dundee, FL 33838

TITLE ☐ Delete
NAME VP
STREET ADDRESS DAVIS, MICHAEL
CITY-ST-ZIP 620 DUNDEE ROAD
DUNDEE FL 33838

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 620 Dundee Rd
CITY-ST-ZIP Dundee FL 33838

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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

1/12/00 (483) 439-1505
Date Daytime Phone #