

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075784

1. Entity Name

D & D ENTERPRISE CONSTRUCTION, INC.

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90028 007 ***150.00

00057594



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6923 4TH STREET SOUTH
ST. PETERSBURG FL 33705

6923 4TH STREET SOUTH
ST. PETERSBURG FL 33705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3518568**

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

LONSBERRY, RICHARD W
6923 4TH STREET SOUTH
ST. PETERSBURG FL 33705

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!
After MAY 1, 2001
Make Check Payable

FEE IS \$150.00
Fee will be \$550.00
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	VPT	<input type="checkbox"/> Delete
NAME	AUDET, A.J.	
STREET ADDRESS	9615 GULF BLVD. #202	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	P	<input type="checkbox"/> Delete
NAME	LONSBERRY, RICHARD W	
STREET ADDRESS	6923 4TH STREET S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

P. J. AUDET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 MAY 2001

727-367-1489

Date

Daytime Phone #

CR2E034 (10/00)