

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000075784**

1. Entity Name
D & D ENTERPRISE CONSTRUCTION, INC.



Principal Place of Business
**6923 4TH STREET SOUTH
ST. PETERSBURG FL 33705**

Mailing Address
**6923 4TH STREET SOUTH
ST. PETERSBURG FL 33705**

2. Principal Place of Business
4212 CARDINAL WAY S SAME
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
ST. PETE, FL
Zip
33712

City & State

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard W. Lonsberry

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPT** Delete
NAME **AUDET, A.J.**
STREET ADDRESS **9615 GULF BLVD. #202**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **P** Delete
NAME **LONSBERRY, RICHARD W**
STREET ADDRESS **6923 4TH STREET S**
CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard W. Lonsberry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

Date

Daytime Phone #

CR2ED34 (10/02)