

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000086906**1. Entity Name
NDDC, INC.**Principal Place of Business**

3903 S.E. 21ST PLACE

CAPE CORAL
33904

FL

Mailing Address

P.O. BOX 101733

CAPE CORAL
33910

FL

2. Principal Place of Business
15372 FIDDLESTICKS BOULEVARD**3. Mailing Address**
15372 FIDDLESTICKS BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT MYERS

FL

City & State
FORT MYERS

FL

Zip
33912**Country****Zip**
33912**Country****4. FEI Number**
65-0862718

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**DAVIDSON NANCY I
3903 S.E. 21ST PLACECAPE CORAL
33904

FL

7. Name and Address of New Registered Agent**Name**

CARABINE NANCY I

Street Address (P.O. Box Number is Not Acceptable)
15372 FIDDLESTICKS BOULEVARD**City**
FORT MYERS

FL

Zip Code
33912**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 NANCY CARABINE****01/27/2001**

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!!! FEE IS \$150.00****After MAY 1, 2001 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** V ☐ Delete
NAME CARABINE DANIEL T
STREET ADDRESS 3903 S.E. 21ST PLACE
CITY-ST-ZIP CAPE CORAL FL 33904**TITLE** P ☐ Delete
NAME DAVIDSON NANCY I
STREET ADDRESS 3903 S.E. 21ST PLACE
CITY-ST-ZIP CAPE CORAL FL 33904**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** V ☒ Change ☐ Addition
NAME CARABINE DANIEL T
STREET ADDRESS 15372 FIDDLESTICKS BOULEVARD
CITY-ST-ZIP FORT MYERS FL 33912**TITLE** P ☒ Change ☐ Addition
NAME CARABINE NANCY I
STREET ADDRESS 15372 FIDDLESTICKS BOULEVARD
CITY-ST-ZIP FORT MYERS FL 33912**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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: Nancy Carabine**

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01/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)