

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011417

1. Entity Name

DOUBLE "D" BUILDERS, INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90003 009 ***150.00

Principal Place of Business

Mailing Address

7318 SR 52
HUDSON FL 34667

7318 SR 52
HUDSON FL 34667

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

59-3559336

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name **DIANE SMITH**

Street Address (P.O. Box Number is Not Acceptable)
18844 ARDEN DR

City **HUDSON**

FL

Zip Code
34667

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 Smith*

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

(NOTE: Registered Agent signature required when reinstating)

5/1/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **SMITH, DAVID**
STREET ADDRESS **7318 SR 52**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **DIANE SMITH**
STREET ADDRESS **18844 ARDEN DR**
CITY-ST-ZIP **HUDSON, FLA 34667**

TITLE **DAVID SMITH** ☐ Delete
NAME **18844**
STREET ADDRESS **ARDEN DR**
CITY-ST-ZIP

TITLE **SECRETARY** ☒ Change ☒ Addition
NAME **DAVID SMITH**
STREET ADDRESS **18844 ARDEN DR**
CITY-ST-ZIP **HUDSON, FLA 34667**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000

Date

Daytime Phone #

727-862-9434

CR2E034 (9/99)