## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P9900014860 1. Entity Name D&D AND SONS CONSTRUCTION, INC. 04-10-2001 90023 013 \*\*\*150.00 Principal Place of Business Mailing Address 4050 PACKARD AVE. 4050 PACKARD AVE. ~ , ,,,, ST. CLOUD FL 34772 ST. CLOUD FL 34772 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3559814 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FOUST, KATHLEEN M Street Address (P.O. Box Number is Not Acceptable) 17 S. ORLANDO AVE. KISSIMMEE FL 34741 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition A TITLE TITLE 🔀 Delete Kimberly gli mmen OLIVEIRA, DENNIS T NAME NAME 4050 Packard Ave. STREET ADDRESS 1188 ANNE EUSA CIRCLE STREET ADDRESS 34772 CITY-ST-ZIP FI Cloud CITY-ST-ZIP SAINT CLOUD FL 34772 ☐ Change ☐ Addition TITLE Delete TITLE NAME SLIMMEN, DAVID A NAME STREET ADDRESS STREET ADDRESS 4050 PACKARD AVE. CITY\_ST-7IP CITY-ST-ZIP ST. CLOUD FL 34772 ☐ Change \_\_\_\_ Addition Delete TITLE TITLE NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Detete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change M Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 all affidess, with all other like empowered. of the corporation or the receiver or trys changed, or on an attachment with ar

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR