

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

D.D.C. Construction, Inc.

099000032977

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90121 027 ***150.00

Principal Place of Business

Mailing Address

1425 Moorland Ct.
Longwood, FL 32750-3311258

2. Principal Place of Business

1425 Moorland Ct.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

4. FEI Number

59-3567012

Applied For

Not Applicable

Zip

32750

Country

Seminole

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A9953763

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Michael Christopher
1425 Moorland Court
Longwood, FL 32750

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!!! 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

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | President | <input type="checkbox"/> Delete |
| NAME | Michael Christopher | |
| STREET ADDRESS | 1425 Moorland Ct. Longwood, FL 32750 | |
| CITY-ST-ZIP | | |
| TITLE | Secretary | <input type="checkbox"/> Delete |
| NAME | Terrie Christopher | |
| STREET ADDRESS | 1425 Moorland Ct. | |
| CITY-ST-ZIP | Longwood, FL 32750 | |
| TITLE | Treasurer | <input type="checkbox"/> Delete |
| NAME | Terrie Christopher | |
| STREET ADDRESS | 1425 Moorland Ct. | |
| CITY-ST-ZIP | Longwood, FL 32750 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 407-767-8190

CR2E034 (9/99)