

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90121 027 ***150.00

DOCUMENT #
 1. Entity Name *099000032977*
 D.D.C. Construction, Inc.

Principal Place of Business Mailing Address
 1425 Moorland Ct.
 Longwood, FL 32750-3311258

2. Principal Place of Business 3. Mailing Address
 1425 Moorland Ct. Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Longwood, FL
 Zip Country Zip Country
 32750 Seminole

4. FEI Number Applied For
 59-3567012 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

A9953763

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Michael Christopher
 1425 Moorland Court
 Longwood, FL 32750

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

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: *Michael Christopher* **4/27/00** **407-767-8190**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)