## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000077536

SIGNATURE

11.

TITLE

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

(See criteria on back)

D3 DESIGN AND CONTRACTING SERVICES, INC.

Principal Place of Business		Mailing Address		
4023 OAKWOOD DRIVE IUDSON FL 34669		14023 OAKWOOD DRIVE HUDSON FL 34669-1344		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

LAMOUREUX, DOUGLAS JR.

9. This corporation is eligible to satisfy its Intangible

LAMOUREUX, DOUGLAS JR.

14023 OAKWOOD DRIVE

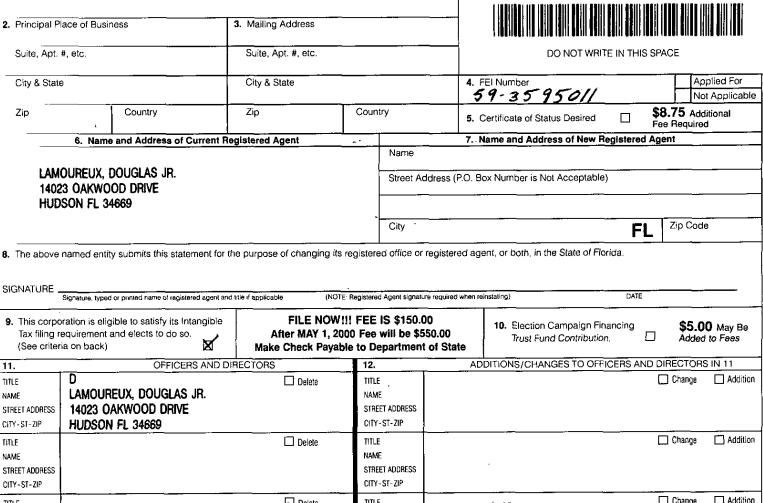
HUDSON FL 34669

Tax filing requirement and elects to do so.

14023 OAKWOOD DRIVE HUDSON FL 34669

## FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90085 009 \*\*\*150.00



STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP \_ Change \_ \_ Addition - Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

☐ Delete

12

NAME

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 rustee 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR