FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90326 032 ***150.00

14U13794

DOCUMENT # P99000077536

1. Entity Name
D3 DESIGN AND CONTRACTING SERVICES, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9633 NEW YORK AVE.	9633 NEW YORK AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HUDSON FLORIDA	City & State: HUDSON FLORIDA
Zip: 34667 Country: PASCO	Zip: 34667 Country: PASCO

4. FEI Number 59-3595011 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DOUGLAS R. LAMOUREUX JR.

Street Address (P.O. Box Number is Not Acceptable): 9633 NEW YORK AVE.

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP	TITLE	
NAME	LAMOUREUX DOUGLAS JR.	NAME	
STREET ADDRESS	9633 NEW YORK AVE.	STREET ADDRESS	
CITY-ST-ZIP	HUDSON, FL. 34667	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-27-03 (727) 861-7522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #