

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S05985

1. Entity Name

D & A ASSOCIATES INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90015 020 ***150.00

Principal Place of Business

Mailing Address

2306 S 39 ST
FT PIERCE FL 34981-5526

2306 S 39 ST
FT PIERCE FL 34981-5526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0221147

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDS, ARINDA K.
2306 S 39 ST
FT PIERCE FL 34981

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

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

\$5.00 May Be

Added to Fees

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1999

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDS, ARINDA K. 2306 S 39 ST FT PIERCE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDS, DAVID E. 2306 S 39 ST FT PIERCE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

David E. Richards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-00 561-481-4752

CR2E034 (9/99)