

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V58853**

1. Entity Name

N.D.D. ENTERPRISES, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90049 034 ***158.75

Principal Place of Business

Mailing Address

4830 HINSON PLACE
FERNANDINA BEACH, FL
32034

4830 HINSON PLACE
FERNANDINA BEACH, FL
32034

2. Principal Place of Business

3. Mailing Address

4830 HINSON PLACE

4830 HINSON PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

820016

DO NOT WRITE IN THIS SPACE

City & State
FERNANDINA BEACH, FL

City & State
FERNANDINA BEACH, FL

4. FEI Number

65-0355822

Applied For

Not Applicable

Zip

Country

32034

USA

Zip

Country

32034

USA

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

NICK CHRISTOU
4401 ROOSEVELT BLVD
JACKSONVILLE, FL 32210 US

Name **NICK CHRISTOU**

Street Address (P.O. Box Number is Not Acceptable)

4830 HINSON PLACE

City **FERNANDINA BEACH**

FL

Zip Code
32034

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 **Nickolas Christou** **Nickolas Christou President** **2/29/00**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Director - P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOU, NICHOLAS
STREET ADDRESS	4830 HINSON PLACE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	Director - V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATE, DONALD
STREET ADDRESS	622 - 182nd AVE
CITY-ST-ZIP	REDINGTON SHORES, FL
TITLE	Director - ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, DONALD E
STREET ADDRESS	1331 GANN HWY
CITY-ST-ZIP	ODESSA, FL
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: **Nickolas Christou** **Nickolas P Christou** **2/29/00** **9042061210**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)