2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F47619

1. Entity Name

FRANK M. DURRANCE, JR., C.P.A., P.A.

04-05-2001 ... 015 ***150.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 31 PM 1:31

00025088

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
950 NORTH ORLANDO AVE SUITE 100 WINTER PARK FL 32789 US	950 NORTH ORLANDO AVE SUITE 100 WINTER PARK FL 32789 US
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 59-2117322 ☐ 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
DURRANCE, FRANK M JR 820 LAKE SYBELIA DRIVE MAITLAND FL 32751	Name: DANIEL L. DeCUBELLIS, ESQUIRE Street Address (P.O. Box Number is Not Acceptable): 837 NORTH GARLAND AVE City: ORLANDO FL Zip Code: 32801

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] 7/23/01
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, 2001 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	DPS	☐ Delete	TITLE	DPS	☐ Change ☐ Addition
NAME	DURRANCE, FRANK M JR		NAME	FRANK M. DURRANCE JR	
STREET ADDRESS	820 LAKE SYBELIA DRIVE		STREET ADDRESS	950 N. ORLANDO AVE SUITE 100	
CITY-ST-ZIP	MAITLAND FL		CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		SP
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: [signature] 4/2/01 407-647-0766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #