

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F47619**

Entity Name

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

04-05-2001 04:39:01 5 ***150.00

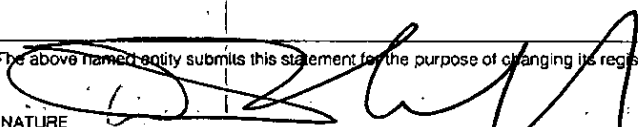
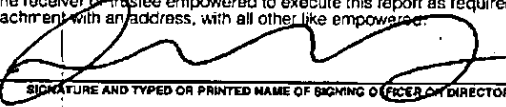
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

Principal Place of Business 950 NORTH ORLANDO AVE SUITE 100 WINTER PARK FL 32789 US		Mailing Address 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 DURRANCE, FRANK M JR 820 LAKE SYBELIA DRIVE MAITLAND FL 32751		7. Name and Address of New Registered Agent DANIEL L. DE CUBELLIS, ESQUIRE 837 NORTH GARLAND AVE ORLANDO FL 32801	
B. 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:  DATE: 7/23/01 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)			
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 NAME STREET ADDRESS CITY - ST - ZIP	DPS DURRANCE, FRANK M JR 820 LAKE SYBELIA DRIVE MAITLAND FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS FRANK M. DURRANCE JR 950 N. ORLANDO AVE SUITE 100 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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: 		4/2/01 407-647-0766 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #	

CR2034 (10/00)