2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE:

FILED Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P94000004467** THE DURA CONTRACTING GROUP, INC. 04-17-2000 90070 036 ***150.00 Principal Place of Business Mailing Address 17904 SINGING WOOD PL P.O. BOX 2054 LUTZ FL 33548-2054 C0062315 **LUTZ FL 33549** 2. Principal Place of Business 3. Mailing Address 16586 Hutch, son Road DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3223012 Not Applicable Odessa Country \$8.75 Additional 5. Certificate of Status Desired 3355 6 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DURAKOVIC, VONDA L Street Address (P.O. Box Number is Not Acceptable) 17904 SINGING WOOD PL **LUTZ FL 33549** Hutchism City Zip Code 33556 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TITLE DURAKOVIC, MICHAEL M. NAME NAME 14586 Hutchison Road STREET ADDRESS 17904 SINGING WOOD PL. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** ☐ Change TITLE ☐ Addition ☐ Delete TITLE DURAKOVIC, VONDA L. NAME 110586 Hutchison Road NAME 17904 SINGING WOOD PL. STREET ADDRESS STREET ADDRESS Odessa FL 33556 CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 (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