

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004531

1. Entity Name
DURO INDUSTRIES, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90002 009 ***550.00

Principal Place of Business
110 CHASE STREET
FALL RIVER MA 02724

Mailing Address
110 CHASE STREET
FALL RIVER MA 02724



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 04-2898164

Applied For
Not Applicable

Zip Country Zip Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☒ Delete
NAME RICCI, EDWARD F
STREET ADDRESS 210 BLACKSTONE BLVD.
CITY-ST-ZIP PROVIDENCE RI 02906

TITLE ☐ Change ☒ Addition
NAME ANDRE LAUS
STREET ADDRESS 110 CHASE STREET
CITY-ST-ZIP FALL RIVER MA 02724

TITLE ☒ Delete
NAME GOLDBERG, STANLEY
STREET ADDRESS 199 HOPE STREET
CITY-ST-ZIP PROVIDENCE RI 02906

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME FISHER, ROBERT
STREET ADDRESS 286 TABER AVENUE
CITY-ST-ZIP PROVIDENCE RI 02906

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D'AMICO, LOUIS E
STREET ADDRESS 110 CHASE STREET
CITY-ST-ZIP FALL RIVER MA 02724

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME WALSH, KEVIN
STREET ADDRESS 110 CHASE STREET
CITY-ST-ZIP FALL RIVER MA 02724

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CANEDO, DAVID L
STREET ADDRESS 7777 FAY AVENUE, #200
CITY-ST-ZIP LA JOLLA CA 92037

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEVIN WALSH OF TREAT

7/6/00
Date

5086750101
Daytime Phone #

CR2E034 (5/00)