

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90106 041 \*\*\*158.75

**DOCUMENT # P00000117805**

1. Entity Name  
**DUFFY ~ BEHRENS COMPANY, INC.**

Principal Place of Business  
**8871 WILES ROAD STE 104**  
**CORAL SPRINGS FL 33067**

Mailing Address  
**8871 WILES ROAD STE 104**  
**CORAL SPRINGS FL 33067**

2. Principal Place of Business

3. Mailing Address

**4100 GALT OCEAN DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 1501**

City & State

City & State

**Fort Lauderdale, FL**

Zip

Country

Zip

Country

**33308**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0165037**

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

**BEHRENS, BRUCE H**  
**4100 GAULT OCEAN DRIVE**  
**#1501**  
**FORT LAUDERDALE FL 33308**

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. *Change mailing address*

SIGNATURE

*Debra L. Duffy*

*01/10/02*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when filing statement)

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, 2002 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 ☐ Delete  
NAME **P**  
STREET ADDRESS **DUFFY, DEBRA L**  
CITY-ST-ZIP **8871 WILES ROAD #104**  
**CORAL SPRINGS FL 33067**

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

TITLE ☐ Delete  
NAME **ST**  
STREET ADDRESS **BEHRENS, BRUCE**  
CITY-ST-ZIP **4100 GAULT OCEAN DR #1501**  
**FORT LAUDERDALE FL 33308**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

*Debra L. Duffy*

*01/10/02*

Date

*(954) 796-7599*

Daytime Phone #

CR2E034 (9/01)