

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90014 035 ***150.00

DOCUMENT # 168240	
1. Entity Name DUNCAN-EDWARD CO.	
Principal Place of Business 597 SO ANDREWS AVE P.O. BOX 14038 FT LAUDERDALE FL 33302-1038	Mailing Address 597 SO ANDREWS AVE P.O. BOX 14038 FT LAUDERDALE FL 33302-1038



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 436 S.W. 14 Court Suite, Apt. #, etc.	3. Mailing Address P.O. Box 14038 Suite, Apt. #, etc.
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City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33315	Country Broward
Zip 33302-4038	Country Broward

4. FEI Number 59-0669357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEBRAUWERE JR, E S 1901 SW 5TH PLACE FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent Name deBrauwere Jr, E.S. Street Address (P.O. Box Number is Not Acceptable) 1887 Ridgewood Drive City Fernandina Beach FL Zip Code 32034

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 E.S. deBrauwere President <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 2/21/01 <small>(NOTE: Registered Agent signature required when reinstating)</small>

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEBRAUWERE JR, E S 1901 SW 5TH PLACE FORT LAUDERDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SLAUGHTER, J. R. 4500 BAYVIEW DRIVE FORT LAUDERDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E S deBrauwere Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1887 Ridgewood Drive Fernandina Bch., FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JR Slaughter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3050 N.E 47 Court #604 Ft. Lauderdale, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JR Slaughter <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 2/21/01 Daytime Phone # 954 771-6180

CR2E034 (10/00)