

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90004 048 \*\*\*150.00

D0023553



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 265940**

1. Entity Name

**AMERICAN PANEL CORPORATION**

Principal Place of Business

Mailing Address

SE 78TH STREET  
 OCALA FL 34472

5800 SE 78TH STREET  
 OCALA FL 34472-3407  
 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 **59-0999017**

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

**DUNCAN, DANNY E.**  
**1951 SE 52ND COURT**  
**OCALA FL 34471**

Name  
**DUNCAN, DANNY E.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1780 SE 73rd PLACE**  
 City  
**OCALA** **FL** Zip Code  
**34480**

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.

(ADDRESS ONLY)

SIGNATURE Danny E. Duncan  
 Signature, typed or printed name of registered agent and title if applicable

President  
 (NOTE: Registered Agent signature required when reinstating)

2/15/2000  
 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, 2000 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	ST	<input type="checkbox"/> Delete
NAME	DUNCAN, LAURA G.	
STREET ADDRESS	1951 SE 52ND COURT	
CITY-ST-ZIP	OCALA, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	DUNCAN, DANNY E	
STREET ADDRESS	1951 SE 52ND COURT	
CITY-ST-ZIP	OCALA, FL 00000	
TITLE	C	<input type="checkbox"/> Delete
NAME	DUNCAN, MARVIN L	
STREET ADDRESS	621 SE 45TH TERRACE	
CITY-ST-ZIP	OCALA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEWIS, HARMON S.	
STREET ADDRESS	1938 SE CLATTER BRIDGE ROAD	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, LAURA G.	Address change only
STREET ADDRESS	1780 SE 73rd PLACE	
CITY-ST-ZIP	OCALA, FL 34480	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, DANNY E.	Address change only
STREET ADDRESS	1780 SE 73rd PLACE	
CITY-ST-ZIP	OCALA, FL 34480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Danny E. Duncan  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000  
 Date

(352) 245-7055  
 Daytime Phone #

CR2E034 (9/99)