

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 285838

1. Entity Name
DU COR INTERNATIONAL CORPORATIONPrincipal Place of Business
1011 W LANCASTER ROAD
ORLANDO FLA 32809Mailing Address
P.O. BOX 593298
ORLANDO FL 32859-3298
US2. Principal Place of Business
Suite, Apt. #, etc.City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number
59-1059544
Applied For
No: Applicable5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SCOTT, JEFFREY M.
11485 WILLOW GARDENS DRIVE
WINTERMERE FL 34786~~

7. Name and Address of New Registered Agent

Name
JEFFREY M SCOTT

Street Address (P.O. Box Number is Not Acceptable)

1011 W LANCASTER RD

City
OrlandoFL Zip Code
32809

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

Jeffrey M Scott

4/20/01

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

(NOTE: Reg. stated Agent signature is required when re-stating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, JEFFREY M. 913 GROVESMERE LOOP OCOEE FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, JEFFREY M P O BOX 593298 ORLANDO FL 32859-3298	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 to this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey M Scott, President 4/20/01 (407) 859-4390

Date

Daytime Phone #

CR2E034 (10/00)

042501