

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 338897

1. Entity Name

DUFFY AND LEE COMPANY

FILED

01 APR 20 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3351 SW 13TH AVENUE
FT. LAUDERDALE, FL 33315

Mailing Address
3351 SW 13TH AVENUE
FT. LAUDERDALE, FL 33315

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

59-1226442

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

Name

EDITH A DUFFY

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

3351 SW 13TH AVENUE

City

FT. LAUDERDALE

FL

Zip Code

33315

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 EDITH A. DUFFY

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

(NOTE: Registered Agent signature required when reinstating)

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
EDITH A. DUFFY
3351 SW 13TH AVE
FT. LAUDERDALE, FL 33315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BARBARA M. DUFFY
3351 SW 13TH AVENUE
FT. LAUDERDALE, FL 33315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WALTER M. GRANT
3351 SW 13TH AVENUE
FT. LAUDERDALE, FL 33315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0000004275770--8
-05/22/01--0000000000
*****70.00 *****70.00

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 the 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: EDITH A. DUFFY, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 467-1288

Date

Daytime Phone #

CR2E034 (11/00)