

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 474128

1. Entity Name

LLOYD K. DUNCAN, C.P.A., P.A.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90002 035 \*\*\*150.00

Principal Place of Business

Mailing Address

2193 RINGLING BLVD  
SARASOTA FL 34237

2193 RINGLING BLVD  
SARASOTA FL 34237-7003

2. Principal Place of Business

2055 WOOD STREET

3. Mailing Address

2055 WOOD STREET

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34237

Country

SARASOTA

Zip

34237

Country

SARASOTA

6. Name and Address of Current Registered Agent

DUNCAN, LLOYD K  
2193 RINGLING BLVD  
SARASOTA FL 33577

7. Name and Address of New Registered Agent

Name

DUNCAN, LLOYD K.

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

2055 WOOD STREET, SUITE 104

City

SARASOTA

FL

Zip Code

34237

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

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, 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

TITLE PD  
NAME DUNCAN, LLOYD K.  
STREET ADDRESS 6731 MYAKKA VALLEY TR  
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LLOYD K. DUNCAN 1/10/00 941-346-6656

CR2E034 (9/99)