## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 23, 2000 8:00 am Secretary of State **DOCUMENT # 489635 DUFFY REAL ESTATE INCORPORATED** 03-23-2000 90008 018 \*\*\*150.00 Mailing Address Principal Place of Business 1500 SE 3RD COURT 1381 SW 17TH STREET **BOCA RATON FL 33486-6630** SUITE 220 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1661947 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Pee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUFFY, WILLIAM E. Street Address (P.O. Box Number is Not Acceptable) 1381 SW 17TH STREET **BOCA RATON FL 33486** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change Addition TITLE ☐ Delete DUFFY, WILLIAM E. MAME NAME STREET ADDRESS 1381 SW 17 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Change Addition ☐ Delete TITLE TITLE DUFFY, WILLIAM E. NAME STREET ADDRESS STREET ADDRESS 1381 SW 17 ST CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-ZIE ☐ Change ■ Addition ☐ Delete TITLE TITLE DUFFY, WILLIAM E. NAME NAME STREET ADDRESS STREET ADDRESS 1381 SW 17 ST CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** Change :Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: WILLIAM EDUSTO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

3/18/00

5613619171

Daytime Phone #