2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 571569 1. Entity Name DUCAR, INC.					FILED Apr 17, 2000 8:00 am Secretary of State 04-17-2000 90147 025 ***150.00			
Principal Place	e of Business	Mailing Address			0117 2000	701 17 025	150.0	
1654 SHELDON DRIVE CLEARWATER FL 33764 US		1654 SHELDON DRIVE CLEARWATER FL 34685-1036 US			1 188(d) 81(t) 14481 (fèn) 61(t4 f	(i k 1811 8 (8)1 8(8)2	21831 B1911 B161	ı 0 18() 185)
2. Principal P	lace of Business	3. Mailing Address						
3570 GOLFSIDE DRIVE Suite, Apt. #, etc.		3576 GOLFSIDE FRIVE Suite, Apt. #, etc.				RITE IN THIS.S	PACE) WI WIT 4 M I
							·	
City & State	_	City & State	. FL	()	59-18330	32		plied For t Applicable
Zip	Country	Zip	Country USA	,	5. Certificate of Status Desired		\$8.75 Add Fee Required	
3468	6. Name and Address of Currer	34685			7. Name and Address of New			
1654 CLEA	HEK, BURTON J. SHELDON DR. ARWATER FL 33764		_3;	SAME et Address (P.C 570 GC	D. Box Number is Not Acceptate CFS OF DENUE	FL	Zip Code	82
 SIGNATURE =	named entity submits this statement			e or registered	agent, or both, in the state of	Florida. APIZU DATE	<u> 20</u> 0	<u>~</u>
Tax filing r	oration is eligible to satisfy its Intangib equirement and elects to do so, ria on back)	After MAY 1, 200	00 Fee will b	e \$550.00	10. Election Campaign I Trust Fund Contribut			0 May Be to Fees
11.		D DIRECTORS	12.		ADDITIONS/CHANGES TO O			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Duchek, Burton J. 1654 Sheldon Drive Clearwater Fl	☐ Delete -	NAME STREET ADOR		o Golfside [4 Harbor fl	*WE	Change	Addition
TITLE NAME STREET ADDRESS	D DUCHEK, BURTON J. 1654 SHELDON DRIVE	☐ Delete	TITLE NAME STREET ADDR		lo Golfside i		Change	☐ Addition
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP	PALI	A HARBOR FL	346	<u>85 ~ 10</u>	36
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDR	ESS			Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDR	ESS			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDR	ESS			Change	Addition
indicated of the cor	certify that the information supplied won this report or supplemental reporporation or the receiver or trustee error on an attachment will year address side.	t is true and accurate and that mappowered to execute this report a	ny signature shas required by	all have the sar Chapter 607, F	ne legal effect as if made unde	er oath; that I at me appears in	ım an officer	or director Block 12 if