## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 856097

1. Entity Name

DUTEX MANAGEMENT CORP.

|--|

## FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90306 043 \*\*\*150.00

Pincipal Place of Business				COO WE T					
2. Principal Place of Business 3. Mailing Address   Suite, Apt. #, etc.	% PHILIP J. DAVIS 100 INGALLS DR		% PHILIP J. DAVIS 100 Ingalls dr				Bil bibil bibil b	1811 BIBIL 1881	
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Country  Exp. Country  Signature  Signat	LIVONCOLA	12 02000	TENONOGEN TE 32300						
City & State  City & State  Country  Zip  Country  See Registered Agent  Name  Name  Name  Name  DAVIS, PHILUP J  100 INGALLS DR  PENSACOLA FL 32506  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  STREET ADDRESS  STREET ADDRESS  CITY ST- ZIP  DEBET DATE STREET ADDRESS  CITY ST- ZIP  DISTRICT ADDRESS  STREET ADDR	2. Principal Place of Business		3. Mailing Address						
Country   Zip   Country   Sp.   Country   Sp	Suite, Apt. #, etc.		Suite, Apt. #, etc.		i i	CHECK HERE IF MAKING CHANGES			
Country   Zip   Country   Sip   Country   Step   Country   Step   Country   Step   S	City & State		City & State		1	40-200K074			
DAVIS, PHILIP J  100 INGALLS DR  PENSACOLA FL 32506  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE  VD  UDULOUIS, NICOLAS  5 AV. RODIN, 75016  FILE CRESPIN 1206  GENEVA  DATE  NAME  10 Change Addition  NAME  11 Change Addition  NAME  12 Change Addition  NAME  13 Change Addition	Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Add	litional	
DAVIS, PHILIP J 100 INGALLS DR PENSACOLA FL 32506  6. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Equature, hyber or printed neme of registered agent and title if applicable. (INOTE: Registered Agent signature required when rematating)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PD COUTURIER, ETIENNE 13 RUE JOSEPH PASQUIER 12 I11 GENEVE  VD LOULOUDIS, NICOLAS 5 FAVE, RODIN, 75016 FABIS  TITLE  D CUIV. ST-ZIP  TITLE  D CUIV. ST-ZIP  TITLE  D CUIV. ST-ZIP  TITLE  D CHange Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE  D SUNIER, JEAN 16 RUE CRESPIN 1206 GENEVE  CITY-ST-ZIP  TITLE  D SUNIER, JEAN 16 RUE CRESPIN 1206 GENEVE  TITLE  D SUNIER, JEAN 16 RUE CRESPIN 1206 GENEVE  TITLE  D SUNIER, JEAN 16 RUE CRESPIN 1206 GENEVE  TITLE  D SUNIER, JEAN 16 RUE CRESPIN 1206 GENEVE  TITLE  D SUNIER, JEAN 16 RUE CRESPIN 1206 GENEVE		6. Name and Address of Current F	legistered Agent		7.		<u> </u>		
100 INGALLS DR PENSACOLA FL 32506  City  City  FL  Zip Code  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed nurre of registered agent and tife if approache. (NOTE: Registered Agent signature required when reinstating)  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  PD  OUTURIER, ETIENNE  31 RUE JOSEPH PASQUIER  13 RUE JOSEPH PASQUIER  1211 GENEVE  1311 COLUDIOS, NICOLAS  5 AV. RODIN, 75016  STREET ADDRESS  CITY-ST-2IP  TITLE  D  ORAGE  111LE  D  ORAGE  111LE  D  ORAGE  Addition  NAME  STREET ADDRESS  STREET AD				Name					
100 INGALLS DR PENSACOLA FL 32506  City   FL   Zip Code  City   FL   Zip Code  S. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, byed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature resolved when reinstation)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITITLE   COUTURIER, ETIENNE   STREET ADDRESS   STREET ADDRESS	DAVIS, PH	illip j		Street Ado	Street Address (P.O. Pay Number is Not Assentable)				
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed nerve of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PD  COUTURIER, ETIENNE  13 RUE JOSEPH PASQUIER  1211 GENEVE  OTY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  CHange  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  D  Change  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  D Change  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  CITY-	100 INGA	LLS DR		Sileet Add	ress (r.O.	Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat	PENSACC	DLA FL 32506 **** *			;				
The obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  PD  OFFICERS AND DIRECTORS IN 11  ITILE  COUTURIER, ETIENNE  STREET ADDRESS CITY-ST-ZIP  1211 GENEVE  13 RUE JOSEPH PASQUIER  CITY-ST-ZIP  TITLE  VD  OBelete  TITLE  VD  OBelete  TITLE  NAME  STREET ADDRESS 5, AV. RODIN, 75016  PARIS  TO Delete  TITLE  D  OBELET  OBELET  STREET ADDRESS				City	1	FL	Zip Cod	e	
SIGNATURE   Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    Pile Now!!! FEE IS \$150.00	the obligat		the purpose of changing its re	egistered office or re	gistered a	gent, or both, in the State of Florida. I am I	amiliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITITLE PD OBLET STREET ADDRESS CITY-ST-ZIP 1211 GENEVE  171LE VD OBLET STREET ADDRESS CITY-ST-ZIP TITLE D SUNIER, JEAN 16 RUE CRESPIN 1206 GENEVE  OTHER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  OTHER STREET ADDRESS CITY-ST-ZIP C		:			ţ				
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE PD OBLET OBLET OFFICERS AND DIRECTORS  TITLE NAME COUTURIER, ETIENNE STREET ADDRESS CITY-ST-ZIP TITLE VD OBLET		Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signature	required when	reinstating) DATE		<del></del>	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE PD OBLET OBLET OFFICERS AND DIRECTORS  TITLE NAME COUTURIER, ETIENNE STREET ADDRESS CITY-ST-ZIP TITLE VD OBLET	F	ILE NOW!!! FEE IS \$150.00			· : ·				
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS						· · · · · · · · · · · · · · · · · · ·	\$5.0	May Be	
TITLE NAME COUTURIER, ETIENNE STREET ADDRESS CITY-ST-ZIP 1211 GENEVE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DOULOUDIS, NICOLAS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE SUNIER, JEAN 16 RUE CRESPIN 1206 GENEVE TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP C	Make Check	Payable to Florida Department of	State			Trust Fully Contribution.	Audec	101663	
NAME STREET ADDRESS CITY-ST-ZIP 1211 GENEVE  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition NAME SUNIER, JEAN STREET ADDRESS CITY-ST-ZIP GENEVE  NAME STREET ADDRESS CITY-ST-ZIP GENEVE  NAME STREET ADDRESS CITY-ST-ZIP	10.	<del>_</del>	DIRECTORS	11.	Ä	DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
STREET ADDRESS CITY-ST-ZIP  1211 GENEVE  STREET ADDRESS CITY-ST-ZIP  TITLE  VD LOULOUDIS, NICOLAS STREET ADDRESS CITY-ST-ZIP  Delete TITLE D SUNIER, JEAN STREET ADDRESS CITY-ST-ZIP  GENEVE  STREET ADDRESS CITY-ST-ZIP			☐ Delete	<b>a</b> 1			Change	☐ Addition	
CITY-ST-ZIP  1211 GENEVE  CITY-ST-ZIP  TITLE  VD  LOULOUDIS, NICOLAS STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  D  CHange Addition NAME STREET ADDRESS CITY-ST-ZIP  SUNIER, JEAN 16 RUE CRESPIN 1206 GENEVE  CITY-ST-ZIP					1				
TITLE VD Change Addition NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST					1				
NAME STREET ADDRESS CITY-ST-ZIP PARIS  CITY-ST-ZIP  SUNIER, JEAN STREET ADDRESS CITY-ST-ZIP  GENEVE  NAME SULOULOUDIS, NICOLAS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP		<del></del>		<b>}</b>			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP PARIS STREET ADDRESS CITY-ST-ZIP CHAnge Addition  NAME SUNIER, JEAN NAME STREET ADDRESS CITY-ST-ZIP GENEVE CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP		· <del>-</del>	CT Delete	1	:		onunge		
TITLE D Change Addition  NAME SUNIER, JEAN  STREET ADDRESS CITY-ST-ZIP  GENEVE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CHANGE  STREET ADDRESS  CITY-ST-ZIP  CHANGE		5 AV. RODIN, 75016	a et es		4				
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	PARIS		CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  16 RUE CRESPIN 1206 GENEVE  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP		, <del>-</del>	• Delete				Change	Addition	
CITY-ST-ZIP GENEVE CITY-ST-ZIP		1`						}	
		16 RUE CRESPIN 1206   GENEVE							
TITLE I DOMA I L'Ordote TITLE 1 ' L'Ordote I L'Ordote I ADDITION I	TITLE	POA	☐ Delete	TITLE	;		☐ Change	Addition	
NAME DAVIS, PHILIP J	-						only		
STREET ADDRESS 100 INGALLS DR STREET ADDRESS				STREET ADDRESS	1				
CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP	CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP					
TITLE Delete TITLE Change Addition			☐ Delete				☐ Change	Addition	
NAME (					:			1	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP									

12. 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 supplementally port 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 true endowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment of address, with a joiner like empowered.

TITLE

NAME

STREET ADDRESS

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/29/03 (904)813-4503

☐ Change

☐ Addition

CR2E034 (10/0