

2000 UNIFORM BUSINESS REPORT (UBR)

15531100

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DOCUMENT # A08571

1. Entity Name

DURNFORD ENTERPRISES, LTD.

FILED

00 JAN 27 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3 WEST GARDEN STREET
PENSACOLA FL 32593

Mailing Address

3 WEST GARDEN STREET
PENSACOLA FL 32501-5641

2. Principal Place of Business

#3 W. GARDEN ST.

3. Mailing Address

P.O. Box 646

Suite, Apt. #, etc.

Suite 412

Suite, Apt. #, etc.

City & State

PENSACOLA FLORIDA

City & State

PENSACOLA, FLORIDA

Zip

32501

Country

Escambia

Zip

32593

Country

Escambia

4. FEI Number

59-1990060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEK OF PENSACOLA, INC.
3 WEST GARDEN STREET
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$99,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P98000019713
NAME NEK OF PENSACOLA, INC.
STREET ADDRESS 3 WEST GARDEN STREET
CITY - ST - ZIP PENSACOLA FL 32501

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

7000003118357--0

-02/01/00--01066--023

****526.25 ****526.25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/24/00 850-436-3653

CR2E003 (9/99)