

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0011494
AT

DOCUMENT # A26095

1. Entity Name

DUCTILE, LTD.

02 FEB 22 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2550 N. FEDERAL HWY., STE. 8
FT. LAUDERDALE FL 33305

Mailing Address

PO BOX 7467
FT. LAUDERDALE FL 33308



2. Principal Place of Business

1151 N Ft Lauderdale Bch Blvd 1151 N FT Ldle Bch Blvd

3. Mailing Address: % JC Cunningham

Suite, Apt. #, etc.
12A

DUE BY MAY 1, 2002

City & State

Ft Lauderdale, FL

City & State

Ft Lauderdale, FL

4. FEI Number

65-0033474

Applied For

Not Applicable

Zip

33304

Country

USA

Zip

33304

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUNNINGHAM, JOHN C
1151 N. ATLANTIC BLVD., APT. 12A
FT. LAUDERDALE FL 33304

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,000.00

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 #
NAME CUNNINGHAM, JOHN C
STREET ADDRESS 2550 N. FEDERAL HWY., STE. 8
CITY-ST-ZIP FT. LAUDERDALE FL 33305

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1151 N. Ft. Lauderdale Bch. Blvd. #12A
CITY-ST-ZIP Ft. Lauderdale, FL 33304

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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

2/19/02 (954) 565-5475

Date

Daytime Phone #

CR2E003 (9/01)