

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012819 AF

DOCUMENT # A31417

1. Entity Name

DULAY PROPERTIES, LTD.

FILED

Principal Place of Business  
2275 SOUTH ROCKLEDGE DRIVE  
ROCKLEDGE FL 32955

Mailing Address  
2275 SOUTH ROCKLEDGE DRIVE  
ROCKLEDGE FL 32955

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3084817

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DULAY, CONCHITA C  
2275 S. ROCKLEDGE DR  
ROCKLEDGE FL 32955

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.

\$7,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DULAY, CONCHITA C TRUSTEE  
2275 S. ROCKLEDGE DR  
ROCKLEDGE FL 32955

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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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:

*Conchita C Dulay*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

June 16, 2001

Date

Daytime Phone #

CR2E003 (11/00)