## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 07, 2001 8:00 am Secretary of State DOCUMENT # F00000000625 DURANT MANAGEMENT LIMITED INC. 02-13-2001 90019 017 \*\*\*150.00 Principal Place of Business Mailing Address C/O THOMAS C. ROBERGE C/O THOMAS C. ROBERGE ONE BEACH DRIVE SE SUITE 220 ONE BEACH DRIVE SE SUITE 220 ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 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 Applied For **APPLIED FOR** 52-2215612 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent ROBERGE, THOMAS C Street Address (P.O. Box Number is Not Acceptable) ONE BEACH DRIVE SE SUITE 220 ST PETERSBURG FL 33701 City 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **CDPS** ☐ Delete TITLE ☐ Change ☐ Addition NAME RABBIN, GILLIAN MAME STREET ADDRESS STREET ADORESS ONE BEACH DRIVE SE SUITE 220 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33701 TITLE ☐ Delete TITLE Change ☐ Addition NAME RABBIN, GILLIAN STREET ADORESS ONE BEACH DRIVE SE SUITE 220 STREET ADDRESS CITY-ST-ZII CITY-ST-ZIP ST PETERSBURG FL 33701 TITLE Delete TITLE -- -- 🔲 Change - Addition -NAME ROBERGE, THOMAS C NAME STREET ADORESS STREET ADDRESS ONE BEACH DRIVE SE SUITE 220 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33701 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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13. 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Gillian Reibin (GILLIAN RABIN)

2/6/01

727 822 9393

Caytime Phone #