

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90096 050 ***150.00

DOCUMENT # F93000002311

1. Entity Name

C. DUNCAN & ASSOC., INC.

Principal Place of Business

~~365 CROFTON DRIVE~~
~~0600EE FL 04701~~
 US

Mailing Address

~~365 CROFTON DRIVE~~
~~0600EE FL 04701~~
 US

2. Principal Place of Business

695 SOUTH ST., SUITE

Suite, Apt. #, etc.

SUITE# 6

3. Mailing Address

P. O. BOX 942

Suite, Apt. #, etc.

City & State

CHARDON, OH

City & State

CHARDON, OH

Zip

44024

Country

U.S.A.

Zip

44024-0942

Country

U.S.A.

4. FEI Number

34-1571842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, CHARLES K
365 CROFTON DRIVE
0600EE FL 04701

7. Name and Address of New Registered Agent

Name

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

2935 CIALELLA PASS

City

SAINT CLOUD,

FL

Zip Code

34772

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. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	DUNCAN, MARY A	
STREET ADDRESS	365 CROFTON DRIVE	
CITY-ST-ZIP	0600EE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DUNCAN, CHARLES K	
STREET ADDRESS	365 CROFTON DRIVE	
CITY-ST-ZIP	0600EE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10922 FOREST OAKS DR.	
CITY-ST-ZIP	CHARDON, OH 44024	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10922 FOREST OAKS DR.	
CITY-ST-ZIP	CHARDON, OH 44024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 oath; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)