

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91166 032 ***150.00

0647511 AT

DOCUMENT # F93000002311

1. Entity Name
C. DUNCAN & ASSOC., INC.



Principal Place of Business
**695 SOUTH
STE 6
CHARDON OH 44024
US**

Mailing Address
**P.O. BOX 942
CHARDON OH 44024-0942
US**



2. Principal Place of Business
213 Main St.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Chardon, OH

City & State

4. FEI Number **34-1571842**

Applied For
Not Applicable

Zip **44024** Country **U.S.A.**

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

**DUNCAN, CHARLES K
2935 GALELLA PASS
SAINT CLOUD FL 34772**

Name
Street Address (P.O. Box Number is Not Acceptable)
114 Pennsylvania Ave.
City **Winter Garden** FL Zip Code **34787**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Charles K. Duncan, Pres.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **DUNCAN, MARY A**
STREET ADDRESS **10922 FOREST OAKS DR**
CITY-ST-ZIP **CHARDON OH 44024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **DUNCAN, CHARLES K**
STREET ADDRESS **10922 FOREST OAKS DR**
CITY-ST-ZIP **CHARDON OH 44024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE: *Charles K. Duncan*

CHARLES K. DUNCAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)