

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002695

1. Entity Name

DUNCAN SYSTEMS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90075 039 ***150.00

Principal Place of Business

Mailing Address

29391 U.W. 33 WEST
ELKHART IN 46516

29391 U.W. 33 WEST
ELKHART IN 46516

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-1782905

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MULANIX, FREDERICK L	
STREET ADDRESS	29391 U.W. 33 WEST	
CITY-ST-ZIP	ELKHART IN 46516	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DOLE, RONALD D	
STREET ADDRESS	29391 U.W. 33 WEST	
CITY-ST-ZIP	ELKHART IN 46516	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELGESON, FREDERICK M	
STREET ADDRESS	P.O. BOX 4309	
CITY-ST-ZIP	ELKHART IN 46515	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCBRIDE, VINCENT	
STREET ADDRESS	P.O. BOX 310	
CITY-ST-ZIP	ELKHART IN 46515	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNCAN, RALPH M	
STREET ADDRESS	29391 U.W. 33 WEST	
CITY-ST-ZIP	ELKHART IN 46516	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNCAN, RONALD L	
STREET ADDRESS	29391 U.W. 33 WEST	
CITY-ST-ZIP	ELKHART IN 46516	

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	
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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)