

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002695

1. Entity Name  
DUNCAN SYSTEMS, INC.

FILED

02 MAY -8 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
29391 U.W. 33 WEST  
ELKHART IN 46516

Mailing Address  
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

Jeffrey R. Graves  
Assistant Secretary

(NOTE: Registered Agent signature required when reinstating)

DATE

10-29-01

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	P MULANIX, FREDERICK L 29391 U.W. 33 WEST ELKHART IN 46516	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - BOARD WHITE, BRIAN 2300 HARMON RD AUBURN HILLS, MI 48326-1714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOLE, RONALD D 29391 U.W. 33 WEST ELKHART IN 46516	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - BOARD MARKEVICH, STEVE 2300 HARMON RD AUBURN HILLS, MI 48326-1714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELGESON, FREDERICK M P.O. BOX 4309 ELKHART IN 46515	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600005575416--6 -05/21/02--01001--027 ****900.00--****900.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBRIDE, VINCENT P.O. BOX 310 ELKHART IN 46515	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, RALPH M 29391 U.W. 33 WEST ELKHART IN 46516	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, RONALD L 29391 U.W. 33 WEST ELKHART IN 46516	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address with all other (s) empowered.

SIGNATURE:

SIG. AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD D DOLE

Date

Daytime Phone #

10/10/01 (219) 294-6852

CR2E034 (5/01)