

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90087 012 \*\*\*150.00

**DOCUMENT # G03496**

1. Entity Name

**DUANE SCARBOROUGH, D.C., P.A.**

Principal Place of Business

Mailing Address

~~P.O. BOX 560937~~  
~~620 BARNES BLVD~~  
~~ROCKLEDGE FL 32956-0937~~

P.O. BOX 560937  
620 BARNES BLVD  
ROCKLEDGE FL 32956-0937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**317 MAGNOLIA ST**

3. Mailing Address

**P.O. Box 560937**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MERRITT ISL, FL.**

City & State

**ROCKLEDGE, FL**

4. FEI Number

**59-2231491**

Applied For

Not Applicable

Zip

**32952**

Country

**BREVARD**

Zip

**32956-0937**

Country

**BREVARD**

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

**SCARBOROUGH, DUANE**

~~4311 SOUTH US~~ **317 MAGNOLIA ST**

**ROCKLEDGE FL 32955** **MERRITT ISLAND, FL**  
**32952**

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

**DUANE SCARBOROUGH DCPA**

**DUANE SCARBOROUGH DCPA**

**1/14/2000**

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 ☐ Delete  
NAME **PST**  
STREET ADDRESS **SCARBOROUGH, DUANE**  
CITY-ST-ZIP **2283 COX RD**  
**COCOA FL**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SCARBOROUGH, DUANE**  
CITY-ST-ZIP **2283 COX RD**  
**COCOA FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**DUANE SCARBOROUGH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)