2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # G03496** 1. Entity Name DUANE SCARBOROUGH, D.C., P.A. Mailing Address Principal Place of Business P.O. ROY 560937 P.O. BOX 560937 620 BARNES BLVD 620 BARNES BLVD ROCKLEDGE FL 32956-0937 ROCKLEDGE FL 32956-0937 2. Principal Place of Business 317 MAGNOLIA ST Suite, Apt. #, etc. BREVARU 6. Name and Address of Current Registered Agent

317 MAGNONIA ST

OFFICERS AND DIRECTORS

311 MAYNON FC MERKITT ISLAND, FC 32952

SCARBOROUGH, DUANE

1311 SOUTH U S 1-

ROCKLEDGE FL 32955

9. This corporation is eligible to satisfy its Intangible

SCARBOROUGH, DUANE

SCARBOROUGH, DUANE

Tax filing requirement and elects to do so.

2283 COX RD

2283 COX RD

COCOA FL

COCOA FL

(See criteria on back)

11.

TITLE

NAME

NAME

NAME

STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

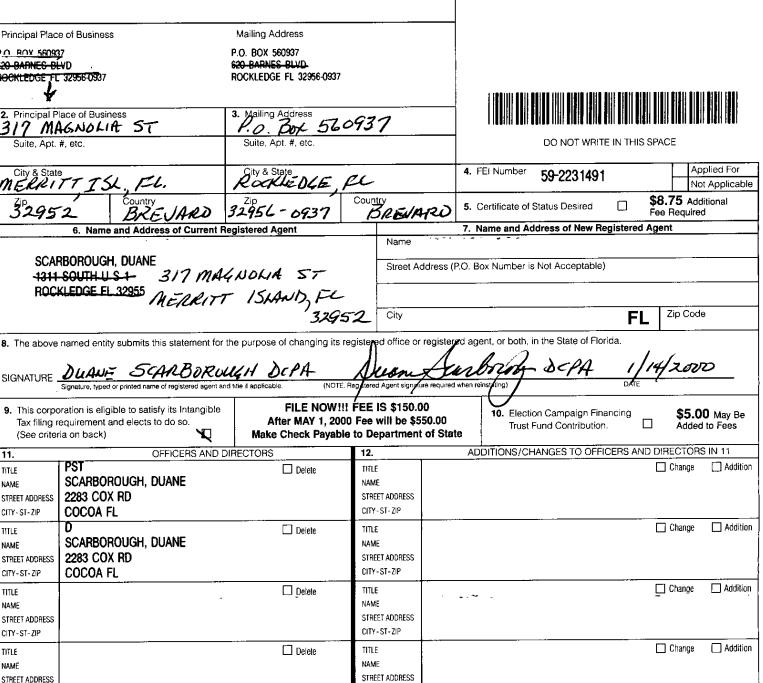
CITY-ST-ZIP

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

01-21-2000 90087 012 ***150.00



STREET ADDRESS 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.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

NAME

NAME

TITLE NAME

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- DUANE SCARBOROUGH 1/4/2000

☐ Change

☐ Change

☐ Addition

☐ Addition