

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G47821**

1. Entity Name
DUVSTER, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90275 027 ***150.00

Principal Place of Business
52 HIGH ST
ETON, WINDSOR, BERKSHIRE EN

Mailing Address
52 HIGH ST
ETON, WINDSOR, BERKSHIRE EN



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 53A HIGH STREET Suite, Apt. #, etc. ETON, WINDSOR City & State BERKSHIRE Zip SL4 6BL Country ENGLAND		3. Mailing Address 21 OAKDEN PARK Suite, Apt. #, etc. FINCHLEY City & State LONDON Zip N3 1EU Country ENGLAND	
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4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MASON, JOSEPH M., JR.
101 SOUTH MAIN STREET
108 NORTH MAIN STREET
BROOKSVILLE FL 34298-8900

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstalling) 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD STERN, DAVID A. 52 HIGH STREET ETON,WIND. ENGLAND	TITLE NAME STREET ADDRESS CITY-ST-ZIP	53A HIGH STREET, ETON WINDSOR, BERKS. SL4 6BL, ENGLAND
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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 an address, with all other like empowered.

SIGNATURE: **DAVID A. STERN** / **1-30-2001/01753-861532**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)