

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90111 008 ***150.00

DOCUMENT # G47821

1. Entity Name

DUVSTER, INC.

Principal Place of Business

**53A HIGH STREET
 ETON, WINDSOR, BERKSHIRE EN SL4- 6BL**

Mailing Address

**21 OAKDENE PARK
 FINCHLEY, LONDON EN 13- 1EU**

2. Principal Place of Business

3. Mailing Address

21 OAKDENE PARK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FINCHLEY

City & State

City & State

LONDON

Zip

Country

Zip

Country

N3 1EU ENGLAND



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

**MASON, JOSEPH M., JR.
 101 SOUTH MAIN STREET
 108 NORTH MAIN STREET
 BROOKSVILLE FL 34298-8900**

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, 2002 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 **PD** ☐ Delete
 NAME **STERN, DAVID A.**
 STREET ADDRESS **53A HIGH STREET**
 CITY-ST-ZIP **ETON, WINDSOR, BERKSHIRE EN SL4- 6BL**

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

TITLE ☐ Delete
 NAME
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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID A. STERN 1/16/2002 0208 922

Date

Daytime Phone #

0984

CR2E034 (9/01)