

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 03, 2003 8:00 am
Secretary of State

6/9/

06-09-2003 90111 010 ***150.00

DOCUMENT # G 53977
1. Entity Name
Duo Products Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7535 Enterprise Dr
Suite, Apt. #, etc.

3. Mailing Address
10088 Daisy Av
Suite, Apt. #, etc.

55050430

DO NOT WRITE IN THIS SPACE

City & State
Riviera Beach FL
Zip
33404
Country
USA

City & State
Palm Beach Gardens
Zip
FL
Country
USA

4. FEI Number
59-2318448
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Blaine Kloeckner
Street Address (P.O. Box Number is Not Acceptable)
10088 Daisy Av
City & State
Palm Beach Gardens FL
Zip Code
33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Blaine Kloeckner*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/1/03

DATE

January 1, 2003 - May 13, 2003 \$150.00
After May 13, 2003 \$50.00
Annual UBR Fee \$51.25
State Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Blaine Kloeckner 10088 Daisy Av Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Blaine Kloeckner 10088 Daisy Av Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Blaine Kloeckner 10088 Daisy Av Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joyce Kloeckner 10088 Daisy Av Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Blaine Kloeckner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/03

Date

561 694-0511

Daytime Phone

CR2034B (12/02)

PLEASE PRINT OR TYPE IN BLOCK LETTERS TO BE USED IN COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		Attachment <div style="background-color: black; width: 100px; height: 20px; margin: 5px;"></div>	
DOCUMENT # 1. Corporation Name <u>Duo Products Corp.</u>		<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> G53471 </div>		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 MAY 30 AM 11:43	
Mailing Address <u>10088 Daisy Av.</u> <u>Palm Beach Gardens, FL 33410</u>		Principal Place of Business <u>108-110 Martin Luther King Blvd.</u> <u>Riviera Beach, FL 33404</u>		<u>8/26/94</u> <u>55050490</u>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, if Applicable <u>10088 Daisy Av.</u> <small>Suite, Apt. #, etc.</small>		3. New Principal Office Address, if Applicable <u>10088 Daisy Av.</u> <small>Suite, Apt. #, etc.</small>		4. Date incorporated or Qualified To Do Business in Florida <u>August 1983</u>	
City & State <u>Palm Beach Gardens, FL</u>		City & State <u>Palm Beach Gardens, FL</u>		5. FEI Number <u>59-7318448</u>	
Zip <u>33410</u>		Zip <u>33410</u>		Applied For <input type="checkbox"/> Not Applicable	
Country <u>USA</u>		Country <u>USA</u>		6. <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P.R.	Blaine Kloeckner	10088 Daisy Av.	Palm Beach Gardens, FL 33411		
S.D.	Blaine Kloeckner	10088 Daisy Av.	Palm Beach Gardens, FL 33411		
<div style="position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; text-align: center; font-weight: bold; font-size: 2em;">REINSTATEMENT</div> <div style="position: absolute; top: 20px; left: 50%; transform: translate(-50%, -50%); font-size: 1.5em;">1994-1995</div> <div style="position: absolute; top: 40px; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">(MK)</div> </div>					
8. Name and Address of Current Registered Agent <u>Brian Kloeckner</u> <u>4305 Appian Way</u> <u>Greenacres, FL 33463</u>			9. Name and Address of New Registered Agent Name <u>Blaine Kloeckner</u> Street Address (P.O. Box Number is Not Acceptable) <u>10088 Daisy Av.</u> Suite, Apt. #, Etc. City <u>Palm Beach Gardens</u> State <u>FL</u> Zip Code <u>33410</u>		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent <u>Blaine Kloeckner</u> REGISTERED AGENT MUST SIGN			Date <u>5/30/95</u>		
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <u>Blaine Kloeckner</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>5/30/95</u> (407) 848-5151 Daytime Phone #		