

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90010 046 ***550.00

DOCUMENT # J96042

1. Entity Name

DUNCAN SEAWALL, DOCK AND BOAT LIFT, INC.

Principal Place of Business

**715 APRICOT AVE
 SUITE D
 SARASOTA FL 34237
 US**

Mailing Address

**715 APRICOT AVE
 SUITE D
 SARASOTA FL 34237
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2863120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LIEBEL, STEVEN E
 7158 CAPTAIN KIDD
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **Liebel, Steven E.**
 Street Address (P.O. Box Number is Not Acceptable)
1424 N. Lakeshore Dr.
 City **Sarasota** FL Zip Code **34231**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	S	<input type="checkbox"/> Delete
NAME	DUNCAN, MICHAEL J.	
STREET ADDRESS	9918 LAUREL VALLEY AVE CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LIEBEL, C.W.	
STREET ADDRESS	1424 N. LAKESHORE DR.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	P	<input type="checkbox"/> Delete
NAME	LIEBEL, STEVEN E.	
STREET ADDRESS	7158 CAPTAIN KIDD	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	LIEBEL, ASHLEE J	
STREET ADDRESS	7158 CAPTAIN KIDD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duncan, Michael J.	
STREET ADDRESS	801 25th Ave West	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Liebel, C.W.	
STREET ADDRESS	500 S. Palm Unit 112	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Liebel, Steven E.	
STREET ADDRESS	1424 N. Lakeshore Dr.	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Liebel, Ashlee J.	
STREET ADDRESS	1424 N. Lakeshore Dr.	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/01

941 954-1555

Date

Daytime Phone #

CR2E034 (5/01)