2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SUITE D

715 APRICOT AVE

J96042 DOCUMENT

1. Entity Name

715 APRICOT AVE

SUITE D

Principal Place of Business

DUNCAN SEAWALL, DOCK AND BOAT LIFT, INC.



FILED Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90053 004 ***158.75

| See WE IF | |
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| SARASOTA FL US | 34237 | SARASOTA FL 34237 US | | | | | | | |
|--|---|---|---|--|--|-----------------------|--|-----------------------------|--|
| | | 3. Mailing Address | | | I IDBIISO BEIO IBSIO DEILI DAISI DIBIO II D | # 1011 61031 1 | | 7)(4:4ti 106) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | | 4. F | 59-2863120 | | | oplied For ot Applicable | |
| Zip | | Zip | Country | 5(| 5Certificate of Status Desired - 🗹 \$8.75 Addit Fee Required | | | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | |
| | | | | Name | | | | | |
| LIEBEL, STEVEN E | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 1424 N. LAKESHORE DRIVE | | | | Street Address (F.O. Box Number is Not Acceptable) | | | | | |
| | | | | | • | | | | |
| SARASOTA | A PL 34231 | | | <u> </u> | | | Zip Cod | | |
| . ^ | | | City | | | FL | · | | |
| 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 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | 9. Election Campaign Finance Trust Fund Contribution. | | Adde | 00 May Be d to Fees | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ΑC | DDITIONS/CHANGES TO OFFICE | RS AND [| IRECTOR | S IN 11 | |
| TITLE NAME STREET ADDRESS | S DUNCAN, MICHAEL J. 801 - 25TH AVE., WEST PALMETTO FL 34221 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition | |
| TITLE NAME | VP LIEBEL, C.W. 500 S. PALM, UNIT 112 SARASOTA FL 34236 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Liebel 5352 Saraso | , Scott R. Siesta Court Ha, FL 34242 | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LIEBEL, STEVEN E. 1424 N. LAKESORE DRIVE SARASOTA FL 34231 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO LIEBEL, ASHLEE J | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | certify that the information supplied wit | ☐ Delete In this filing does not qualify for | TITLE NAME STREET ADDRESS CITY-ST-ZIP r the exemption st | <u></u> | n 119.07(3)(i), Florida Statutes. I fu | | Change | Addition | |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CARLE DEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR