

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

03-26-2002 90090 031 ***150.00

DOCUMENT # **K59547**
1. Entity Name **DURAND ENTERPRISES, INC**

DO NOT WRITE IN THIS SPACE

- 28220

2. Principal Place of Business

P O Box 96

Suite, Apt. #, etc.

3. Mailing Address

P O Box 96

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MAYPORT FLCity & State
MAYPORT FL4. FEI Number
59-2923066Applied For
Not ApplicableZip
32233

Country

Zip
32233

Country

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

**DO NOT WRITE
IN THIS SPACE**

NO

7. Name and Address of Current Registered Agent

Name
WALTER Y. DURAND

Street Address (P.O. Box Number is Not Acceptable)

1449 FERRIS STCity
MAYPORT**FL**Zip Code
32233

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
WALTER Y DURAND
P O Box 96
MAYPORT FL 32233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
ABBIE DURAND
P O Box 96
MAYPORT FL 32233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE **Abbie Durand**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

Date

Daytime Phone #

CR2E034B (12/01)