

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90202 045 ****55.00

DOCUMENT # L00000009645

1. Entity Name

DURANGO SUPPLY, LLC

Principal Place of Business

**20725 S.W. 46TH AVENUE
 NEWBERRY FL 32669**

Mailing Address

**20725 S.W. 46TH AVENUE
 NEWBERRY FL 32669**

900000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1828541

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, NORITA V
 20721 SW 46TH AVENUE
 NEWBERRY FL 32669**

Name

Stefan Davis

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

20725 SW 46 Ave

City

Newberry

FL

Zip Code

32669

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **DAVIS, STEFAH M**
 CITY-ST-ZIP **20725 S.W. 46TH AVENUE
 NEWBERRY FL 32669**

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

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **DAVIS, TREVOR**
 CITY-ST-ZIP **20725 S.W. 46TH AVENUE
 NEWBERRY FL 32669**

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

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **DAMON, DAVIS**
 CITY-ST-ZIP **20725 S.W. 46TH AVENUE
 NEWBERRY FL 32669**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Stefan M. Davis **4/30/02** **(352) 472-7773**

CR2E083 (9/01)