

FILED
Mar 06, 2003 8:00 am
Secretary of State

01-16-2003 90231 046 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000025631

1. Entity Name

DUREK INVESTMENTS, LLC



Principal Place of Business

5404 MONTERRAY CLUB COURT
WINDERMERE FL 34786

Mailing Address

5404 MONTERRAY CLUB COURT
WINDERMERE FL 34786

2. Principal Place of Business

1803 Park Ctr Dr

3. Mailing Address

1803 Park Ctr Dr



☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

Suite 205

City & State

Orlando FL

City & State

Orlando FL

Zip

32835

Country

USA

Zip

32835

Country

USA

4. FEI Number

02-0651628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUREK, JOSEPH D JR.
5404 MONTERRAY CLUB COURT
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

Joseph D. Durek Jr

1.4.03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: ~~MANAGING MEMBER~~ ☐ Delete
NAME: Joseph D. Durek Jr
STREET ADDRESS: 5404 Monterrey Club Ct
CITY-STATE-ZIP: Windermere FL 34786

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
☐ Delete

TITLE: ☐ Delete
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10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-STATE-ZIP:
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

8346