

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000026821

1. Entity Name

DUCO INTERNATIONAL, L.L.C.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90271 035 ****50.00

Principal Place of Business

Mailing Address

1418 ROSSLYN DRIVE
PALMETTO FL 34221

1418 ROSSLYN DRIVE
PALMETTO FL 34221

2. Principal Place of Business

1312 Gordon Ave.

3. Mailing Address

1312 Gordon Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Thomasville GA

City & State

Thomasville GA

Zip

31792

Country

USA

Zip

31792

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEDDING, DOUGLAS
1418 ROSSLYN DRIVE
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name Daryl W. Shepherd

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

1717 71st St NW

City Bradenton

FL

Zip Code

34209

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

Daryl W. Shepherd

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/03

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 NAME STREET ADDRESS CITY-ST-ZIP
MGRM WEDDING, DOUGLAS 1418 ROSSLYN DRIVE PALMETTO FL 34221 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition
1312 Gordon Ave. Thomasville, GA 31792

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

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TITLE NAME STREET ADDRESS CITY-ST-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)(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

Daryl W. Shepherd
WEDDING, DOUGLAS

4/29/03

Date

941 721 7744

Daytime Phone #

CR2E083 (10/02)

0063324