

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**  
04-18-2000 90071 049 \*\*\*150.00

**940002**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # L57893</b>					
1. Entity Name <b>DUFFEY &amp; DAVIS, P.A.</b>					
Principal Place of Business <b>4400 INDEPENDENCE CT. SARASOTA FL 34234</b>			Mailing Address <b>4400 INDEPENDENCE CT. SARASOTA FL 34234-4727 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>4400 Independence Court</b> Suite, Apt. #, etc.		
City & State <b>Sarasota, Florida</b>			4. FEI Number <b>65-0179813</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
Zip <b>34234</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DUFFEY, SAMUEL S. 4400 INDEPENDENCE CT. SARASOTA FL 34236</b>			7. Name and Address of New Registered Agent Name <b>Duffey, Samuel S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4400 Independence Court</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34234</b>		
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 <b>Samuel S. Duffey</b> DATE <b>4-13-00</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PD</b> <input type="checkbox"/> Delete NAME <b>DUFFEY, SAMUEL S.</b> STREET ADDRESS <b>4400 INDEPENDENCE CT.</b> CITY-ST-ZIP <b>SARASOTA FL</b>			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>Sarasota, Florida 34234</b> CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>SIGNATURE REQUIRED Samuel S. Duffey</b> 4-13-00 (941) 355-9361 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					