

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90045 001 ****61.25

DOCUMENT # N95000001210

1. Entity Name

NATIONAL DUCT MASTIC MANUFACTURERS ASSOCIATION,

Principal Place of Business

Mailing Address

**900 FOX VALLEY DR
 STE 204
 LONGWOOD FL 32779
 US**

**900 FOX VALLEY DR
 STE 204
 LONGWOOD FL 32779-2552
 US**



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

59-3302638

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONAHAN, THOMAS A
 900 FOX VALLEY DR #204
 LONGWOOD FL 32779**

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.

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	BROGAN, KEVIN
STREET ADDRESS	P.O. BOX 547606 N/A
CITY-ST-ZIP	ORLANDO FL 32854-7606
TITLE	D <input type="checkbox"/> Delete
NAME	PRATER, HARRY
STREET ADDRESS	2030 CENTURY-CENTER BLVD STE 8
CITY-ST-ZIP	IRVING TX 75062
TITLE	D <input type="checkbox"/> Delete
NAME	KAISER, LARRY
STREET ADDRESS	P.O. BOX 14669 N/A
CITY-ST-ZIP	HOUSTON TX 77221-4669
TITLE	D <input type="checkbox"/> Delete
NAME	DAVIS, LYLE R
STREET ADDRESS	12682 CONSTRUCTION CIR. E
CITY-ST-ZIP	IRVINE CA 92714
TITLE	D <input type="checkbox"/> Delete
NAME	DUQUETTE, HOLLY
STREET ADDRESS	PO BOX 029100 N/A
CITY-ST-ZIP	MIAMI FL 30102
TITLE	D <input type="checkbox"/> Delete
NAME	ERICKSON, JAY
STREET ADDRESS	PO BOX 1239
CITY-ST-ZIP	WYLIE TX 75098

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00
 Date

(407) 774-0227
 Daytime Phone #

CR2E037 (9/99)