## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P000000006 **DOCUMENT #**

1. Entity Name

Principal Place of Business

ERNEST W. DUNCAN LAND SURVEYING, INC.



## **FILED** Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90842 035 \*\*\*150.00

000639	
NG, INC.	
Mailing Address	· · · · · · · · · · · · · · · · · · ·

378 SOUTHWEST 35TH AVENUE DEERFIELD BEACH FL 33442			378 SOUTHWEST 35TH AVENUE DEERFIELD BEACH FL 33442						171 <b>88</b> 11 <b>8 8</b> 41 <b>8</b> 1	<b>1</b> 1111 <b>0</b> 1211 1001		
2. Principal Place of Business			3. Maili	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			<b>4.</b> F	654W/113U			pplied For ot Applicable		
Zip		Country	Zip Cour			try	5. (	\$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered	Agent		r	7. N	Name and Address of New Regi				
DUNCAN, ERNEST W. 378 SW 35TH AVENUE					Name Street Address (P.O. Box Number is Not Acceptable)							
DEERFIELD BEACH FL 33442						City			FL	Zip Cod	e	
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. (NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State												
10.	rayable to	OFFICERS AND					• • • • • • • • • • • • • • • • • • • •	DITIONS (OLIMINES TO OFFICE	30 AND 5			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	378 SOUT	ERNEST W HWEST 35TH AVENUE D BEACH FL 33442		□ Delete			AUI	DITIONS/CHANGES TO OFFICE		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					[	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete			·		Ē	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET CITY-S	r address St-zip	<u> </u>		C	] Change	Addition	

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 of trustee impowered to execute this report as required by Chapter 607, 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: