

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90321 036 ***150.00

DOCUMENT # P00000017640

1. Entity Name
DUKANE TECHNICAL SERVICES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**238 OAK LEIGH DRIVE
 DELAND FL 32724**

**238 OAK LEIGH DRIVE
 DELAND FL 32724**

629815



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10372 CR 561 A

10372 CR 561 A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

CLERMONT, FL

4. FEI Number

59-3625999

Applied For

Not Applicable

Zip

Country

34711

LAKE

Zip

34711

Country

LAKE

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **LAWNICKI, VIVIAN**
 STREET ADDRESS **238 OAK LEIGH DRIVE**
 CITY-ST-ZIP **DELAND FL 32724**

TITLE **PD** ☐ Change ☒ Addition
 NAME **IRIS LYNN BROOKS**
 STREET ADDRESS **10372 CR 561 A**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **VSTD** ☒ Delete
 NAME **LAWNICKI, TERRENCE**
 STREET ADDRESS **238 OAK LEIGH DRIVE**
 CITY-ST-ZIP **DELAND FL 32724**

TITLE **VSTD** ☐ Change ☒ Addition
 NAME **KENNETH William Brooks**
 STREET ADDRESS **10372 CR 561 A**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **Kenneth William Brooks**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH WILLIAM BROOKS

MARCH 1 2001 352-243-1245
 Date / Daytime Phone #

CR2E034 (10/00)