FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91148 041 ***150.00

666708

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046472

1. Entity Name
Duncan Technologies & Transportation, ...

Principal Place of Business
3439 Long Leaf Road
ORMOND BCH FL 32174

Mailing Address
555 W Granada BLVD
Ste B-5
ORMOND BCH FL 32174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3439 Long Leaf Rd
Suite, Apt. #, etc.:
City & State: ORMOND BCH FL 32174
Zip: 32174 Country: Volusia

3. Mailing Address: 555 W Granada BLVD
Suite, Apt. #, etc.: B-5
City & State: ORMOND BCH FL
Zip: 32174 Country: Volusia

4. FEI Number: 59-3645108 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Kristi (Tina) Boice
444 Sea Breeze Boulevard Ste 900
Daytona BCH FL 32118

7. Name and Address of New Registered Agent
Name: Joe Loguidice CPA
Street Address (P.O. Box Number is Not Acceptable): 555 W. Granada BLVD Ste B-5
City: ORMOND BCH FL FL Zip Code: 32174

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] 4/30/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) William Duncan, 3439 Long Leaf Rd, ORMOND BCH FL 32174 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) Joe Loguidice CPA, 555 W Granada BLVD Ste B-5, ORMOND BCH FL 32174 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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.