

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000064226**1. Entity Name
311 PROPERTY CO.

Principal Place of Business	Mailing Address
P.O. BOX 21545	P.O. BOX 21545
FT. LAUDERDALE FL	FT. LAUDERDALE FL
333351545	333351545

2. Principal Place of Business	3. Mailing Address
P.O. BOX 21545	P.O. BOX 21545

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State
FT. LAUDERDALE FL	FT. LAUDERDALE FL

Zip	Country	Zip	Country
333351545	US	333351545	US

4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**DEFELICE SALVATORE ESQ.
2637 N. ANDREWS AVE.FT. LAUDERDALE FL
33311 US**7. Name and Address of New Registered Agent**

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 _____ DATE **04/24/2001**

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VSD	<input type="checkbox"/> Delete
NAME	DUNCAN BEVERLY F	
STREET ADDRESS	P.O. BOX 21545	
CITY-ST-ZIP	FT. LAUDERDALE FL 333351545	

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DUNCAN RICHARD K	
STREET ADDRESS	P.O. BOX 21545	
CITY-ST-ZIP	FT. LAUDERDALE FL 333351545	

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN BEVERLY F	
STREET ADDRESS	P.O. BOX 21545	
CITY-ST-ZIP	FT. LAUDERDALE FL 333351545	

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN RICHARD K	
STREET ADDRESS	P.O. BOX 21545	
CITY-ST-ZIP	FT. LAUDERDALE FL 333351545	

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		
CITY-ST-ZIP		

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		
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: RICHARD K. DUNCAN

CEO

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)