## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000106899

Entity Name: DURBIN INTERIOR SYSTEMS INC.

FILED Jan 31, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4690B ASHTON ROAD SARASOTA, FL 34233

Current Mailing Address: New Mailing Address:

4690B ASHTON ROAD SARASOTA, FL 34233

FEI Number: 65-1056892 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DURBIN, TIMOTHY L
5356 SKYLINE PLACE
SARASOTA, FL 34232 US
DURBIN, DEBRA A
5356 SKYLINE PLACE
SARASOTA, FL 34232 US

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: DEBRA A. DURBIN 01/31/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: VD (X) Change ( ) Addition Name: DURBIN, TIMOTHY L Name: DURBIN, TIMOTHY L

5356 SKYLINE PLACE
SARASOTA, FL 34232

Address: 5356 SKYLINE PLACE
City-St-Zip: SARASOTA, FL 34232

Title: VTSD ( ) Delete Title: PTSD (X) Change ( ) Addition Name: DURBIN, DEBRA DURBIN, DEBRA

 Name:
 DURBIN, DEBRA
 Name:
 DURBIN, DEBRA

 Address:
 5356 SKYLINE PLACE
 Address:
 5356 SKYLINE PLACE

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:
 SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA A. DURBIN PRES 01/31/2002