2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State
01-22-2002 90106 041 ***158.75

DOCUMENT # P00000117805

1. Entity Name
DUFFY ~ BEHRENS COMPANY, INC.

Principal Place of Business	Mailing Address
8871 WILES ROAD STE 104 CORAL SPRINGS FL 33067	8871 WILES ROAD STE 104 CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		4100 Galt Ocean Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #1501	
City & State		City & State Fort lauderdale, FL	
Zip	Country	Zip 33308	Country USA

4. FEI Number 65-0165037 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEHRENS, BRUCE H
4100 GAULT OCEAN DRIVE
#1501
FORT LAUDERDALE FL 33308

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. Change mailing address

SIGNATURE Debra L Duffy Pres. Debra L. Duffy 01/10/02
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, 2002 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	P DUFFY, DEBRA L 8871 WILES ROAD #104 CORAL SPRINGS FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEHRENS, BRUCE 4100 GAULT OCEAN DR #1501 FORT LAUDERDALE FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: Debra L Duffy Pres. Debra L. Duffy 01/10/02 (954) 796-7599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #