

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90032 015 \*\*\*550.00

0145439 AB

**DOCUMENT # P01000009125**

1. Entity Name  
**DURHAM BUILDING, INC.**



Principal Place of Business  
**9600 W SAMPLE RD  
SUITE 300  
CORAL SPRINGS FL 33065  
US**

Mailing Address  
**104-18 METROPOLITAN AVE  
FOREST HILLS NY 11375-6736  
US**



2. Principal Place of Business

3. Mailing Address

**3232 NW 62 Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**c/o ARMY SNEIDER**

City & State

City & State

**Boca Raton, FL**

Zip

Country

Zip

**# 33496**

Country

4. FEI Number **65-1077485**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNEIDER, ANDREW I  
3232 NW 62ND LANE  
BOCA RATON FL 33496-3395**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **SNEIDER, ANDREW I**  
STREET ADDRESS **3232 NW 62ND LANE**  
CITY-ST-ZIP **BOCA RATON FL 33496-3395**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/13/03** **958**  
**255-8790**

Date Daytime Phone #

CR2E034 (4/03)