

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90038 016 ***150.00

DOCUMENT # P01000011683

1. Entity Name
DUCT BY DESIGN, INC.

Principal Place of Business
6194 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487

Mailing Address
6194 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3217 NW 105th Ave

Suite, Apt. #, etc.

3. Mailing Address

3217 NW 105th Ave

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Sunrise, FL

4. FEI Number

65-1073971

Applied For

Not Applicable

Zip

33351

Country

US

Zip

33351

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, ANTHONY G JR.
6194 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name: **David Kogan**

Street Address (P.O. Box Number is Not Acceptable)

3217 NW 105th Av

City: **Sunrise**

FL

Zip Code **33351**

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]*
 Signature, typed or printed name of registered agent and title if applicable

David Kogan, Pres. **03-06-02**
 (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

TITLE **D** ☐ Delete
 NAME **KOGAN, DAVID**
 STREET ADDRESS **6194 NORTH FEDERAL HIGHWAY**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☒ Change ☐ Addition
 NAME **David Kogan**
 STREET ADDRESS **3217 NW 105th Ave**
 CITY-ST-ZIP **Sunrise, FL 33351**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Kogan, Pres. **954-494-9654**
03-06-02
 Date Daytime Phone #

CR2E034 (9/01)