2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 14, 2002 8:00 am DOCUMENT # P01000020384 Secretary of State t. Entity Name 02-14-2002 90012 035 ***150 00 DUCHEMIN REALTY, INC. Principal Place of Business Mailing Address 1440 PLACE VENDOME 1440 PLACE VENDOME WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. 4. FEI Number City & State City & State Applied For *59 -370*0176 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUCHEMIN, ROBERT A SR. Street Address (P.O. Box Number is Not Acceptable) 1440 PLACE VENDOME WINTER PARK FL 32789 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete DVPST Change ☐ Addition TITLE TITLE DUCHEMIN, REGINA NAME NAME STREET ADDRESS STREET ADDRESS 1440 PLACE VENDOME CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 President & Director Robert A. Dulhamin, Sa. **⊠** Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 32789 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trustree 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 appears. All other than the proposed of the corporation of the corporat

CR2E034 (9/01)

407-935-3000 Daytime Phone #

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