

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90027 050 ***150.00

DOCUMENT # P01000036176

1. Entity Name
DUCLOS ENTERPRISES INC.

Principal Place of Business
5104 30TH STREET WEST
BRADENTON FL 34207

Mailing Address
5104 30TH STREET WEST
BRADENTON FL 34207



2. Principal Place of Business

3. Mailing Address

5900 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE I

City & State

City & State

Sarasota FL

4. FEI Number

65-1089617

Applied For

Not Applicable

Zip

Country

Zip

34231

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASTRONSKAS, CATHERINE L
5900 S TAMiami TRAIL SUITE I
SARASOTA FL 34231

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when constituting)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

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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	D 1P/5H DUCLOS, WILLIAM J 5104 30TH STREET WEST BRADENTON FL 34207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an officer-like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E034 (9/01)