

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90721 019 ***150.00

DOCUMENT # P01000063954

1. Entity Name

DUPLEX, INC.



DO NOT WRITE IN THIS SPACE

50119332

2. Principal Place of Business

6312 US Hwy 301 North

3. Mailing Address

6312 US Hwy 301 North

Suite, Apt. #, etc.

#230

Suite, Apt. #, etc.

#230

City & State

Ellenton, FL

City & State

Ellenton, FL

4. FEI Number

59-3726073

Applied For

Not Applicable

Zip

34222

Country

Zip

34222

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Eduardo Escuza

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

3216 92nd Avenue East

City

Parrish

FL

34222

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

| | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Eduardo Escuza 3216 92 nd Avenue East Parrish, FL 34222 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eduardo Escuza

4-28-2003

Date

Daytime Phone #

CR2E034B (12/02)