

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90129 020 ***150.00

DOCUMENT # **P01000073594**

1. Entity Name

DURHAM SYSTEMS GROUP INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2057 BRAXTON ST.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

SAME

DO NOT WRITE IN THIS SPACE

City & State

CLERMONT, FL.

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

34711

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **BUSINESS FILINGS INC**

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

1114-1000 WEST AVENUE

City

MIAMI BEACH

FL

Zip Code **33139**

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 date if applicable

(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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT & DIRECTOR**
NAME **MICHAEL LIDDELL**
STREET ADDRESS **2057 BRAXTON ST.**
CITY-ST-ZIP **CLERMONT, FL. 34711**

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IN THIS SPACE**

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

SIGNATURE: **X M. Liddell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 (352) 243-9790

Date

Daytime Phone

CR2E034B (12/01)