

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90105 020 \*\*\*150.00

**DOCUMENT # P01000088993**

1. Entity Name  
**FUTURITY CORP.**



Principal Place of Business  
**2845 SW 22ND AVENUE #207  
DELRAY BEACH FL 33445**

Mailing Address  
**2845 SW 22ND AVENUE #207  
DELRAY BEACH FL 33445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1144363**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DULIGA, DANIEL  
2845 SW 22ND AVENUE #207  
DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 10. OFFICERS AND DIRECTORS |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | NAME   | TITLE   | NAME  |
|                            | <b>PCEO<br/>DULIGA, DANIEL<br/>2845 SW 22ND AVE #207<br/>DELRAY BEACH FL 33445</b> |   |   |
|                            | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      |  | TITLE   |   |
| NAME                       | <input type="checkbox"/> Delete  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      |  | TITLE   |   |
| NAME                       | <input type="checkbox"/> Delete  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      |  | TITLE   |   |
| NAME                       | <input type="checkbox"/> Delete  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      |  | TITLE   |   |
| NAME                       | <input type="checkbox"/> Delete  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      |  | TITLE   |   |
| NAME                       | <input type="checkbox"/> Delete  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Daniel Duliga*

**REQUIRED DANIEL DULIGA 3-3-03 / 561-926-3311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #