

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90963 025 ***150.00

DOCUMENT # P02000072451

1. Entity Name
DURA-STRESS UNDERGROUND, INC.



Principal Place of Business
**201 NORTH RIVERSIDE DRIVE
SUITE B
INDIALANTIC FL 32903**

Mailing Address
**201 NORTH RIVERSIDE DRIVE
SUITE B
INDIALANTIC FL 32903**



2. Principal Place of Business
11132 County Road 44 E.
Suite, Apt. #, etc.

3. Mailing Address
11132 County Road 44 E.
Suite, Apt. #, etc.

City & State
Leesburg, FL 34788
Zip
34788 Country
USA

City & State
Leesburg, FL 34788
Zip
34788 Country
USA

4. FEI Number
51-0415322

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BEALS, ROBERT L
201 NORTH RIVERSIDE DRIVE
SUITE B
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name
Beals, Robert L.
Street Address (P.O. Box Number is Not Acceptable)
730 East Strawbridge Ave., Suite 101
City
Melbourne State
FL Zip Code
32901

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2/28/03**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEALS, ROBERT L ☒ Delete
201 NORTH RIVERSIDE DRIVE #B
INDIALANTIC FL 32903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President ☐ Change ☒ Addition
G. Kent Fuller
30320 Springwater Cir.
Leesburg, FL 34748

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer ☐ Change ☒ Addition
Scott Edwards
5695 Merlin Way
St. Cloud, FL 34772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *[Signature]* **REQUIRED** **Scott Edwards** **2/18/03** **(352) 357-0023**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)