

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90093 017 ***150.00

0001840 AV

DOCUMENT # P02000088886

1. Entity Name

DUCLAY CORPORATION



Principal Place of Business

1550-A-BUSINESS-CENTER-DRIVE
ORANGE PARK FL 32003

Mailing Address

1550-A-BUSINESS-CENTER-DRIVE
ORANGE PARK FL 32003

2. Principal Place of Business

1590 Island LANE

3. Mailing Address

1590 Island LANE

Suite, Apt. #, etc.

Suite 28

Suite, Apt. #, etc.

Suite 28

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0478224

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

O'CONNOR, JOHN W

1550-A-BUSINESS-CENTER-DRIVE
ORANGE PARK FL 32003

7. Name and Address of New Registered Agent

Name

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

1590 Island LANE

Suite 28

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

John W. O'Connor **John W. O'Connor**

4/7/03

(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

TITLE **President - Director** ☐ Delete
NAME **1590 Island LANE - Suite 28**
STREET ADDRESS **ORANGE PARK, Florida 32003**
CITY-ST-ZIP

TITLE **John W. O'Connor** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Sec. / Treas. / Director** ☐ Delete
NAME **1590 Island LANE - Suite 28**
STREET ADDRESS **ORANGE PARK, Florida 32003**
CITY-ST-ZIP

TITLE **Debbie J. Briggers** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

John W. O'Connor **John W. O'Connor**

4/3/03

904/215-7575

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (10/02)