2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000091012 DOCUMENT

1. Entity Name

CITY-ST-ZIP

changed, or on an attachment w

SIGNATURE:

DUREK CONSULTING, INC.



FILED Jan 17, 2003 8:00 am **Secretary of State**

01-17-2003 90051 047 ***150.00

Principal Place of Business Mailing Address 7211 LAKE DRIVE 7211 LAKE DRIVE 60007808 BELLE ISLE FL 32809-6824 BELLE ISLE FL 32809-6824 3. Mailing Address 2. Principal Place of Business 803 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 52-23732902 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUREK, JOSEPH D JR. Street Address (P.O. Box Number is Not Acceptable)

5404 Monternous Club 7211 LAKE DRIVE BELLE ISLE FL 32809-6824 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 regi **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/02) ☐ Delete TITLE Change Addition DUREK, JOSEPH D JR. NAME NAME 5404 Monterrey Club Court STREET ADDRESS 7211 LAKE DRIVE STREET ADDRESS CITY-ST-21P **BELLE ISLE FL 32809-6824** CITY-ST-ZIP Dundermore, FL 34786 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST-7IP TITLE ☐ Delete TITLE _ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 suppliemental 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