

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

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90007 008 ***150.00

DOCUMENT # P03000035078

1. Entity Name

GREGORY DURDEN, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
633 S.E. 3rd Avenue

3. Mailing Address
633 S.E. 3rd Avenue

Suite, Apt. #, etc.
#4

Suite, Apt. #, etc.
#4

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number
11-3677538

Applied For
Not Applicable

Zip
33301

Country
USA

Zip
33301

Country
USA

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
Gregory Durden

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

633 S.E. 3rd Avenue, #4

City Fort Lauderdale, **FL** **Zip Code** 33301

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 title 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 D/P
NAME Gregory Durden
STREET ADDRESS 2309 N.E. 20th Street
CITY-ST-ZIP Fort Lauderdale, FL 33305

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04 954 463-8100

Date

Daytime Phone #

CR2E034B (12/01)