

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90002 046 ***150.00

DOCUMENT # **P03 000 146078**

1. Entity Name
BOB DURNERY INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
522 WORTHMORE DRIVE

Suite, Apt. #, etc.

3. Mailing Address
522 WORTHMORE DRIVE

Suite, Apt. #, etc.

50053498

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH FLORIDA

City & State
LAKE WORTH FLORIDA

4. FEI Number
54-2138159

Applied For
Not Applicable

Zip
33460

Country
USA

Zip
33460

Country

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

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 **BOB DURNERY**

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

(NOTE: Registered Agent signature required when replacing agent)

DATE

6/4/05

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**BOB DURNERY
PRESIDENT
522 WORTHMORE DRIVE
LAKE WORTH FLORIDA 33460**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **BOB DURNERY PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/05

Date

561-522-0495

Telephone #

CR2E034B (12/02)