

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL -2 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000997

1. Entity Name DUCTS "R" US, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

NONE; GO WHERE JOB IS AT

3. Mailing Address

DUCTS R US, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7820 COLONY CIR. S #12-110

City & State

City & State

TAMARAC FL.

Zip

Country

Zip
33321

Country
US.

4. FEI Number

650463800

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

DOUGLAS D. STRATTON, ESQ

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

407 LINCOLN RD. SUITE 2B

FLA.BAR #240966

City

MIAMI BEACH,

FL

Zip Code

33139

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 NAME STEPHEN C. BAKER PRES.

STREET ADDRESS 7820 COLONY CIR. S #12-110

CITY- ST- ZIP TAMARAC, FL. 33321

TITLE NAME 9000006274569--1

STREET ADDRESS -07/09/02--01044--007

CITY- ST- ZIP ****150.00 ****150.00

TITLE NAME 9000006274569--1

STREET ADDRESS -07/09/02--01044--008

CITY- ST- ZIP ****150.00 ****150.00

TITLE NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME

STREET ADDRESS

CITY- ST- ZIP

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: Stephen C. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN C. BAKER

4-17-02

954-720-6185

Date

Daytime Phone #

CR2E034B (12/01)