

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068253

1. Entity Name

DUFFY'S REALTY STATION, INC.

FILED

Feb 09, 2001 8:00 am  
Secretary of State

02-09-2001 90220 032 \*\*\*150.00

Principal Place of Business

8252 WILTSHIRE DRIVE  
SOUTH GULF COVE  
PORT CHARLOTTE FL 33981

Mailing Address

8252 WILTSHIRE DRIVE  
SOUTH GULF COVE  
PORT CHARLOTTE FL 33981

00019568



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0436342

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New 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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTS  
NAME JOHNSON, PATSY ☒ Delete  
STREET ADDRESS 360 BOCILLA P.O. 541  
CITY-ST-ZIP CON PEDRO ISLAND FL 33946

TITLE VTS  
NAME Patsy Bowen ☒ Change ☐ Addition  
STREET ADDRESS 3252 Wiltshire Dr.  
CITY-ST-ZIP Port Charlotte FL 33981

TITLE P  
NAME BUFF, JAMES T ☒ Delete  
STREET ADDRESS 360 BOCILLA P.O. 541  
CITY-ST-ZIP DON PEDRO ISLAND FL 33946

TITLE P  
NAME DUFF, James ☒ Change ☐ Addition  
STREET ADDRESS 8252 Wiltshire Dr  
CITY-ST-ZIP Port Charlotte FL 33981

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-2001 94-698-1500

Date

Daytime Phone #

CR2E034 (10/00)