

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007484

1. Entity Name

D & B PROPERTIES OF LANTANA, INC.

Principal Place of Business

123 EAST COAST AVE.
LANTANA FL 33462
US

Mailing Address

123 EAST COAST AVE.
LANTANA FL 33462
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNCAN, EUGENE
123 EAST COAST AVE
LANTANA FL 33462

Name

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

City

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 re-registering)

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	D	☐ Delete
NAME	BURKHALTER, RONNIE	
STREET ADDRESS	660 CINDY CIR LN	
CITY - ST - ZIP	WEST PALM BEACH FL 33414	
TITLE	D	☐ Delete
NAME	DUNCAN, EUGENE	
STREET ADDRESS	689 NE 6 CT #409	
CITY - ST - ZIP	BOYNTON BCH FL 33435	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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CITY - ST - ZIP		

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

4/18/01 (201) 533-5444
Date Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90247 004 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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