

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064235

1. Entity Name  
**DURBIN SAMPSON, INC.**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**  
03-26-2001 90087 019 \*\*\*150.00

Principal Place of Business  
**11065 OLD DIXIE HWY.  
ST. AUGUSTINE FL 32095**

Mailing Address  
**11065 OLD DIXIE HWY.  
ST. AUGUSTINE FL 32095**

**818332**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1105 OLD DIXIE HWY**  
Suite, Apt. #, etc.

3. Mailing Address  
**1105 OLD DIXIE HWY**  
Suite, Apt. #, etc.

City & State  
**St. Aug FL**

City & State  
**St. Aug FL**

Zip  
**32095**

Country  
**St. Johns**

Zip  
**32095**

Country  
**St. Johns**

4. FEI Number **59-3263024**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ELEFANT, FRED  
1650 PRUDENTIAL DRIVE  
SUITE 105  
JACKSONVILLE FL 32207**

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 \_\_\_\_\_ (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. ☐ **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                      | <b>D</b>                      | <input type="checkbox"/> Delete |  | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | <b>ROACH, JOHN</b>            |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             | <b>11065 OLD DIXIE HWY.</b>   |                                 |  | STREET ADDRESS  | <b>1105 OLD DIXIE HWY</b>  |  |  |
| CITY-ST-ZIP                | <b>ST. AUGUSTINE FL 32095</b> |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      |                               | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                               |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             |                               |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                |                               |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      |                               | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                               |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             |                               |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                |                               |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      |                               | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                               |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             |                               |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                |                               |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      |                               | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                               |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             |                               |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                |                               |                                 |  | 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: **John Roach** **3/12/01** **904 824 8021**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)