

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91053 001 ***450.00

DOCUMENT # P94000074433

1. Entity Name

DURLAND & COMPANY CPAS, P.A.

Principal Place of Business

Mailing Address

~~340 ROYAL PALM WAY~~
~~3RD FLR~~
 PALM BEACH FL 33480

~~340 ROYAL PALM WAY~~
~~3RD FLR~~
 PALM BEACH FL 33480

2. Principal Place of Business

232A ROYAL PALM WAY

3. Mailing Address

232A ROYAL PALM WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0535441

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

DURLAND, STEPHEN H
~~340 ROYAL PALM WAY~~
~~3RD FLR~~
 PALM BEACH FL 33480

Name

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

232A ROYAL PALM WAY

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

20 APR 01

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
DURLAND, STEPHEN H
~~340 ROYAL PALM WAY~~
PALM BEACH FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

232A ROYAL PALM WAY

☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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

STEPHEN DURLAND

Date

Daytime Phone #

4/20/01 561 822 9995

CR2E034 (10/00)