

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90140 026 ***150.00

DOCUMENT # P96000029113

1. Entity Name
WM. DUANE PRESTON, INC.



Principal Place of Business
**2114 LAUREL STREET
PALATKA FL 32177**

Mailing Address
**2114 LAUREL STREET
PALATKA FL 32177**



2. Principal Place of Business

WM. DUANE PRESTON INC.

3. Mailing Address

WM. DUANE PRESTON INC

Suite, Apt. #, etc.

350 BUFFALO BLUFF RD. E

Suite, Apt. #, etc.

P. O. BOX 636

City & State

SATSUMA, FLA.

City & State

SATSUMA, FLA.

Zip

32189

Country

PUTNAM

Zip

32189

Country

PUTNAM

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3373342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRESTON, DUANE
2114 LAUREL STREET
PALATKA FL 32177**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PRESTON, WILLIAM DUANE**
STREET ADDRESS **2114 LAUREL ST**
CITY-ST-ZIP **PALATKA FL**

TITLE **VP** ☐ Delete
NAME **PRESTON, CHRISTOPHER ED**
STREET ADDRESS **2114 LAUREL ST**
CITY-ST-ZIP **PALATKA FL**

TITLE **S** ☐ Delete
NAME **PRESTON, NANCY C**
STREET ADDRESS **2114 LAUREL ST.**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WM. DUANE PRESTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

386-699-8709

Daytime Phone #

CR2E034 (10/02)