

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029255

1. Entity Name
DUHART INSURANCE AGENCY, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91560 040 ***150.00

Principal Place of Business
1431 N PINE HILLS RD
ORLANDO FL 32808
US

Mailing Address
P.O. BOX 580406
ORLANDO FL 32858
US

2. Principal Place of Business
6806 Gadwall Lane
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Orlando, Florida
Zip
32810
Country
Oran

4. FEI Number 59-3367891
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DUHART, BETTYE A
1431 N PINE HILLS RD
ORLANDO FL 32808

7. Name and Address of New Registered Agent
Name: Duhart, Bettye A
Street Address (P.O. Box Number is Not Acceptable)
6806 Gadwall Lane
City: Orlando FL Zip Code: 32810

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: Bettye A. Duhart
Signature, typed or printed name of registered agent and title if applicable.
Bettye A. Duhart
(NOTE: Registered Agent signature required when reinstating)
1 May 2001
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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUHART, BETTYE A 1431 N PINE HILLS RD ORLANDO FL 32808 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President 6806 Gadwall Lane Orlando, FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Bettye A. Duhart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bettye A. Duhart
1 May 2001
Date
407 294 9517
Daytime Phone #

CR2E034 (10/00)