

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90068 034 ***150.00

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DOCUMENT # P96000086231

1. Entity Name
DUBOIS, INC.

Principal Place of Business
1952 FIELD ROAD, SUITE B
SARASOTA FL 34231

Mailing Address
1952 FIELD ROAD, SUITE B
SARASOTA FL 34231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 Wallace Avenue Suite, Apt. #, etc. Suite 100 City & State Sarasota, FL Zip 34237		3. Mailing Address 100 Wallace Avenue Suite, Apt. #, etc. Suite 100 City & State Sarasota, FL Zip 34237	
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4. FEI Number **65-0722983**
 Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent
BONE, DAVID D
1952 FIELD RD STE 8
SARASOTA FL 34231

7. Name and Address of New Registered Agent
 Name **David D. Bone**
 Street Address (P.O. Box Number is Not Acceptable)
100 Wallace Avenue
 Suite 100
 City **Sarasota** FL Zip Code **34237**

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)

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, 2002 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 BONE, DAVID D 1952 FIELD ROAD, SUITE B 100 Wallace Ave Suite 100 SARASOTA FL 34231 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUBOIS, HELMUT 659 CEDAR CT LONGBOAT KEY FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUBOIS, WANDA 659 CEDAR CT LONGBOAT KEY FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Helmut Dubois, March 1-2002 +941 631 5967**
 Date Daytime Phone #

CR2E034 (9/01)