

2000 UNIFORM BUSINESS REPORT (UBR)

8/31/00-90102-045-\$150.00-\$150.00

DOCUMENT # P97000055521

1. Entity Name

PORTER ROGERS MASONRY/NANCY LEE DUQUETTE & ASSOC

Principal Place of Business

917 TEATRO COURT
ORLANDO FL 32807
US

Mailing Address

917 TEATRO COURT
ORLANDO FL 32807
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3455009

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUQUETTE, NANCY L
917 TEATRO COURT
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name
Nancy Lee Duquette

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

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

(NOTE: Registered Agent signature required when reappointing)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
PTD
DUQUETTE, NANCY L
917 TEATRO COURT
ORLANDO FL 32807

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPST
DUQUETTE, NANCY L
917 TEATRO COURT
ORLANDO FL 32807

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
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CITY-ST-ZIP
☐ 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 TYPE OR PRINTED NAME OF SIGNER OR DIRECTOR

8/29/2000

Daytime Phone #

407-947-5497

Nancy Lee Duquette 9-14-00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 6:07

ADU03100



DO NOT WRITE IN THIS SPACE

CP2E034 (5/00)

AD