

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90168 048 ***150.00

DOCUMENT # P97000074362

1. Entity Name

DUPAUL ALLEN & ASSOCIATES, INC.

Principal Place of Business

**2451 MCMULLEN BOOTH RD
 STE 244
 CLEARWATER FL 33759**

Mailing Address

**109 BAYSIDE BLVD.
 OLDSMAR FL 34677**

2. Principal Place of Business

4151 Woodlands Parkway
 Suite, Apt. #, etc.

3. Mailing Address

4151 Woodlands Parkway
 Suite, Apt. #, etc.

City & State

Palm Harbor FL

City & State

Palm Harbor FL

4. FEI Number

59-3467729

Applied For

Not Applicable

Zip

34685

Country

Pinellas

Zip

34685

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DUPAUL-ALLEN, PATRICIA L
 109 BAYSIDE BLVD.
 OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name

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

4151 Woodlands Parkway

City

Palm Harbor

FL

Zip Code

34685

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

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, 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 **PD** ☐ Delete
 NAME **DUPAUL-ALLEN, PATRICIA L**
 STREET ADDRESS **109 BAYSIDE BLVD**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

Date

Daytime Phone #

727-773-8885

CR2E034 (9/01)