

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90041 003 ***150.00

DOCUMENT # P98000017429

1. Entity Name

DUNCAN LAW OFFICES, P.A.

Principal Place of Business

16727 BEAUCLAIR CT
TAVARES FL 32778
US

Mailing Address

16727 BEAUCLAIR CT
TAVARES FL 32778
US

2. Principal Place of Business

14725 INDIAN RIDGE TRAIL

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

CLERMONT FL

City & State

4. FEI Number

59-3496447

Applied For

Not Applicable

Zip

Country

34711

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNCAN, C M
11691 LANE PARK ROAD
TAVARES FL 32778

Name

SAME

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

14725 INDIAN RIDGE TRAIL

City

CLERMONT

FL

Zip Code

34711

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME DUNCAN, C M
STREET ADDRESS 11691 LANE PARK ROAD
CITY-ST-ZIP TAVARES FL 32778

☐ Delete

TITLE D
NAME DUNCAN, C.M.
STREET ADDRESS 14725 INDIAN RIDGE TRAIL
CITY-ST-ZIP CLERMONT FL 34711

☒ Change ☐ Addition

TITLE
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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: C. MICHAEL DUNCAN 4-10-01 (407) 872-6249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)