2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

May 04, 2001 8:00 am Secretary of State DOCUMENT # P98000064839 DURANGO REAL ESTATE VENICE, INC. 05-04-2001 90023 038 ***150.00 Principal Place of Business Mailing Address 2325 ULMERTON ROAD 2325 ULMERTON ROAD SUITE 20 SUITE 20 воболи CLEARWATER FL 33762 CLEARWATER FL 33762 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3526044 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORRIS, GREGORY D Street Address (P.O. Box Number is Not Acceptable) 2325 ULMERTON RD **STE 20 CLEARWATER FL 33762** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE D ☐ Delete TITLE NAME NAME BULLARD, FRED B JR STREET ADDRESS STREET ADDRESS 2325 ULMERTON RD, STE 20 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME BULLARD, KAROL K STREET ADDRESS STREET ADDRESS 2325 ULMERTON RD, STE 20 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** ☐ Addition TITLE Change Delete TITLE NAME NAME MORRIS. GREGORY D STREET ADDRESS STREET ADDRESS 2325 ULMERTON RD STE 20 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.