

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078378

1. Entity Name

DUNCAN CONSULTING, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90036 040 \*\*\*150.00

Principal Place of Business

Mailing Address

1801 NORTH GOODMAN ROAD  
KISSIMMEE FL 34747

P.O. BOX 22183  
LAKE BUENA VISTA FL 34713-5095

2. Principal Place of Business

3. Mailing Address

P.O. Box 135095

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clermont, FL

Zip

Country

Zip

Country

34713-5095 Lake

4. FEI Number 59-3526168

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAKEFIELD, S. CRAIG  
1400 WEST OAK STREET, STE. A  
WAKEFIELD & ASSOCIATES, P.A.  
KISSIMMEE FL 34741

Name

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 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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST.  
DUNCAN, ROBERT C  
P.O. BOX 22183 -NA-  
LAKE BUENA VISTA FL 32830 ☐ Delete

TITLE  
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☐ Change ☐

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

1-6-00

Date

Daytime Phone #

407-397-0573