

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092218

1. Entity Name

CAROL DUNCAN, INC.

Principal Place of Business

Mailing Address

15600 SW 288TH ST. STE 310  
HOMESTEAD FL 33033

15600 SW 288TH ST. STE 310  
HOMESTEAD FL 33033-1200

2. Principal Place of Business

20221 SW 316 St.

Suite, Apt. #, etc.

3. Mailing Address

20221 SW 316 St

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33033

Country

USA

Zip

33033

Country

USA

6. Name and Address of Current Registered Agent

JAMES M. GUEST, CPA, P.A.  
15600 SW 288TH ST, STE 310  
HOMESTEAD FL 33033

7. Name and Address of New Registered Agent

Name James M. Guest, CPA, PA

Street Address (P.O. Box Number is Not Acceptable)  
15600 SW 288 Street

Suite #201

City Homestead

FL

Zip Code 33033

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

TITLE PVST  
NAME DUNCAN, CAROL  
STREET ADDRESS 20221 SW 316TH ST  
CITY-ST-ZIP HOMESTEAD FL 33030-5111 ☐ Delete

TITLE D  
NAME DUNCAN, CAROL  
STREET ADDRESS 20221 SW 316TH ST  
CITY-ST-ZIP HOMESTEAD FL 33030-5111 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
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 information empowered.

SIGNATURE:

Carol Duncan Carol Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

305-245-2155

Daytime Phone #

FILED  
Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90004 030 \*\*\*150.00

010471



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0874849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required