

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90360 029 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000103433

1. Entity Name

DAVID DUVAL ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

752322

2. Principal Place of Business
IMG Center, 1360 E. 9th St.

3. Mailing Address
IMG Center; 1360 E. 9th St.

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

DO NOT WRITE IN THIS SPACE

City & State

Cleveland, OH

City & State

Cleveland, OH

4. FEI Number

58-2443372

Applied For

Not Applicable

Zip
44114-1782

Country

Zip

44114-1782

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Rd.

City Plantation

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
NAME
Duval, David
STREET ADDRESS
24649 Harbor View Drive
CITY- ST- ZIP
Ponte Vedra Beach, FL 32082

TITLE
NAME
AS
Carfagna, Peter A.
STREET ADDRESS
IMG Center, #100; 1360 E. 9th St.
CITY- ST- ZIP
Cleveland, OH 44114 1782

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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 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 #

CR2E034B (12/01)