

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104976

1. Entity Name

DUES & DUES INCORPORATED

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90076 001 \*\*\*150.00

Principal Place of Business

8965 SE BRIDGE RD  
 #204  
 HOBE SOUND FL 33455

Mailing Address

8965 SE BRIDGE RD  
 #204  
 HOBE SOUND FL 33455-5325

2. Principal Place of Business

1501 SE Decker Avenue

3. Mailing Address

1501 SE Decker Avenue

Suite, Apt. #, etc.

Suite 115

Suite, Apt. #, etc.

Suite 115

City & State

Stuart, Florida

City & State

Stuart, Florida

Zip

34994

Country

Martin

Zip

34994

Country

Martin



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0883034

Applied For

Not Applicable

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

DUES, RONALD P  
 2581 S.W. BAER STREET  
 PORT ST. LUCIE FL 34953

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 PD  
 NAME DUES, RONALD P  
 STREET ADDRESS 2581 SW BAER ST  
 CITY-ST-ZIP PORT ST LUCIE FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VT  
 NAME DUES, BONNIE  
 STREET ADDRESS 2581 SW BAER ST  
 CITY-ST-ZIP PORT ST LUCIE FL

☐ Delete

TITLE  
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☐ Change ☐ Addition

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 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 like empowered.

SIGNATURE:

*Ronald P Dues*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 561-2232030

CR2E034 (9/99)