

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90072 025 ***150.00

DOCUMENT # P99000039614

1. Entity Name
DUO ASSOCIATES, INC.

Principal Place of Business

**2513 CATALINA DRIVE
 ORLANDO FL 32805**

Mailing Address

**544 BRIGHTVIEW DRIVE
 LAKE MARY FL 32746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1545876**

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

**PARDEE, JANINE
 544 BRIGHTVIEW DRIVE
~~SURANNE M. ROBICHAUD~~
 LAKE MARY FL 32746**

Name **Pardee, Janine**

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

544 Brightview Dr.

City **Lake Mary**

FL

Zip Code **32746**

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSD** ☐ Delete
NAME **PARDEE, JANINE**
STREET ADDRESS **2513 CATALINA DRIVE**
CITY-ST-ZIP **ORLANDO FL 32805**

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

TITLE **VP** ☒ Delete
NAME **ROBICHAUD, SUZANNE**
STREET ADDRESS **544 BRIGHTVIEW DRIVE**
CITY-ST-ZIP **ORLANDO FL 32746**

TITLE **VP** ☒ Change ☐ Addition
NAME **Robichaud Suzanne**
STREET ADDRESS **544 Brightview Dr.**
CITY-ST-ZIP **Lake Mary FL 32746**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Suzanne M. Robichaud, VP 107-323-6281

CR2E034 (9/01)