

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90530 017 ***150.00

DOCUMENT # P99000055044

1. Entity Name
DUNCAN INVESTMENTS, INC.



Principal Place of Business
**5531 NE SECOND LANE
OCALA FL 34470**

Mailing Address
**5531 NE SECOND LANE
OCALA FL 34470**

2. Principal Place of Business

11 CEDAR TRACE TERRACE

Suite, Apt. #, etc.

3. Mailing Address

11 CEDAR TRACE TERRACE

Suite, Apt. #, etc.

City & State

OCALA, FL.

City & State

OCALA, FL.

Zip

34483

Country

USA

Zip

34483

Country

USA

4. FEI Number

59-3590570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUNCAN, STANTON L
5531 NE SECOND LANE
OCALA FL 34470**

7. Name and Address of New Registered Agent

Name

DUNCAN, STANTON L.

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

11 CEDAR TRACE TERRACE

City

OCALA

FL

Zip Code

34483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **DUNCAN, STANTON L**
STREET ADDRESS **5531 NE SECOND LANE**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **D** ☒ Delete
NAME **DUNCAN, MELISA B**
STREET ADDRESS **5531 NE SECOND LANE**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **D** ☒ Delete
NAME **DUNCAN, STEVEN**
STREET ADDRESS **5531 NE SECOND LANE**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **D** ☒ Delete
NAME **DUNCAN, HERSHELL**
STREET ADDRESS **5531 NE SECOND LANE**
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **DUNCAN, STANTON L.**
STREET ADDRESS **11 CEDAR TRACE TERRACE**
CITY-ST-ZIP **OCALA, FL. 34483**

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

TITLE **D** ☒ Change ☐ Addition
NAME **DUNCAN, STEVEN**
STREET ADDRESS **8321 SOLANO BAY LOOP, APT. 1315**
CITY-ST-ZIP **TAMPA, FL. 33635**

TITLE **D** ☒ Change ☐ Addition
NAME **DUNCAN, HERSHELL**
STREET ADDRESS **11 CEDAR TRACE TERRACE**
CITY-ST-ZIP **OCALA, FL. 34483**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 (352) 694-2100

Date

Daytime Phone #

CR2E034 (10/02)