

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S90421

FILED
Mar 15, 2002 8:00 AM
Secretary of State

Entity Name: DURA BAGS, INC.

Current Principal Place of Business:

6466 S TEX POINT
HOMOSASSA, FL 34448 US

New Principal Place of Business:

Current Mailing Address:

6466 S TEX POINT
HOMOSASSA, FL 34448 US

New Mailing Address:

FEI Number: 59-3086645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, DENNIS L.
6466 S TEX POINT
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

LINDA S FOSTER
6466 S TEX POINT
HOMOSASSA, FL 34448 US

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: LINDA S FOSTER

03/15/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: FOSTER, DENNIS L.,
Address: 14 ENCLAVE PT SO
City-St-Zip: HOMOSASSA, FL 34446

Title: VS () Delete
Name: FOSTER, LINDA S.,
Address: 14 ENCLAVE PT SO
City-St-Zip: HOMOSASSA, FL 34446

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: FOSTER, LINDA S,
Address: 14 ENCLAVE PT SO
City-St-Zip: HOMOSASSA, FL 34446

Title: SEC (X) Change () Addition
Name: PARTRIDGE, KIMBERLY,
Address: 5481 S PINETREE PT
City-St-Zip: LECANTO, FL 34461

Title: DRCT () Change (X) Addition
Name: PESCODD, FRED,
Address: 14 REDBAY COURT WEST
City-St-Zip: HOMOSASSA, FL 34446

Title: DRCT () Change (X) Addition
Name: PARTRIDGE, KIMBERLY,
Address: 5481 S PINETREE PT
City-St-Zip: LECANTO, FL 34461

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA S FOSTER

PRES

03/15/2002

Electronic Signature of Signing Officer or Director

Date