

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
 04-18-2000 90141 022 ***150.00

DOCUMENT # V53042

Entity Name
DUFFEY & DOLAN, P.A.

Principal Place of Business INDEPENDANCE COURT FL 34236	Mailing Address 4400 INDEPENDANCE COURT SARASOTA FL 34234-4727 US
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Principal Place of Business 4400 Independence Court	3. Mailing Address 4400 Independence Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sarasota, Florida	City & State Sarasota, Florida
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Zip 34234	Country USA	Zip 34234	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0346580	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DUFFEY, SAMUEL S
4400 INDEPENDANCE COURT
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name
Duffey, Samuel S.

Street Address (P.O. Box Number is Not Acceptable)
4400 Independence Court

City
Sarasota **FL** Zip Code
34234

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 Samuel S. Duffey	DATE 4-13-00
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	DPTS DUFFEY, SAMUEL S. 4400 INDEPENDANCE COURT SARASOTA FL 34234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4400 Independence Court
	V DOLAN, WILLIAM W. 4400 INDEPENDANCE COURT SARASOTA FL 34234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4400 Independence Court
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Samuel S. Duffey** **4-13-00 (941) 355-9361**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)