

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90146 035 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # V53042

1. Entity Name
DUFFEY & DOLAN, P.A.

Principal Place of Business
4400 INDEPENDANCE COURT
SARASOTA FL 34234
US

Mailing Address
4400 INDEPENDANCE COURT
SARASOTA FL 34234
US

2. Principal Place of Business
416 BURNS COURT
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 3379
 Suite, Apt. #, etc.

City & State
SARASOTA Florida
 Zip
34236
 Country
USA

City & State
SARASOTA Florida
 Zip
34230
 Country
USA

4. FEI Number **65-0346580**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DUFFEY, SAMUEL S
4400 INDEPENDANCE COURT
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name
DUFFEY, SAMUEL S
 Street Address (P.O. Box Number is Not Acceptable)
416 BURNS COURT
 City
SARASOTA **FL** Zip Code
34236

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 **SAMUEL S. DUFFEY, President** **4-22-02**
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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS DUFFEY, SAMUEL S. 4400 INDEPENDANCE COURT SARASOTA FL 34234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOLAN, WILLIAM W. 4400 INDEPENDANCE COURT SARASOTA FL 34234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	416 BURNS COURT 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	416 BURNS COURT 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, President** **4-22-02** **(41) 954 4536**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)