

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90528 039 ***150.00

DOCUMENT # F99000005427



1. Entity Name
JAMES DUNCAN AND ASSOCIATES, INC.

Principal Place of Business
**13276 RESEARCH BLVD., SUITE 208
AUSTIN TX 78750**

Mailing Address
**13276 RESEARCH BLVD., SUITE 208
AUSTIN TX 78750**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **74-2862552**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HODGIKINS, L. MARTIN
390 SOUTH JUNO LANE
JUNO BEACH FL 33408**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DUNCAN, JAMES B	
STREET ADDRESS	13276 RESEARCH BLVD., SUITE 208	
CITY-ST-ZIP	AUSTIN TX 78750	
TITLE	V	<input type="checkbox"/> Delete
NAME	BISHOP, KIRK R	
STREET ADDRESS	1618 NORTH PAULINA	
CITY-ST-ZIP	CHICAGO IL 60622	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KELLY, ERIC D	
STREET ADDRESS	2312 WEST AUDUBON DRIVE	
CITY-ST-ZIP	MUNCIE IN 47304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *SIGNATURES REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/20/03** Daytime Phone # **512 558-7347**

CR2E034 (10/02)