

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90234 017 ***400.00
 06-20-2001 90014 009 ***150.00

DOCUMENT # P99000061513

1. Entity Name

Durn Good, Inc.

Principal Place of Business

Mailing Address

2709 N.E. 26 Avenue
 Ft. Lauderdale, FL 33306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650949253

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

George R. Moraitis
 915 Middle River Drive, Suite 506
 Ft. Lauderdale, FL 33304

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when consulting)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Director
 NAME: Hochstrasser, David J.
 STREET ADDRESS: 2709 N.E. 26 Avenue
 CITY-STATE-ZIP: Ft. Lauderdale, FL 33306 ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D/P/T
 NAME: Hochstrasser, Ann R.
 STREET ADDRESS: 2709 N.E. 26 Avenue
 CITY-STATE-ZIP: Ft. Lauderdale, FL 33306 ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D
 NAME: Hochstrasser, Michael A.
 STREET ADDRESS: 2709 N.E. 26 Avenue
 CITY-STATE-ZIP: Ft. Lauderdale, FL 33306 ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D/VP/S
 NAME: Hochstrasser, David J., Sr.
 STREET ADDRESS: 2709 N.E. 26 Avenue
 CITY-STATE-ZIP: Ft. Lauderdale, FL 33306 ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D
 NAME: Butter, John
 STREET ADDRESS: 4505 Falls of News Road
 CITY-STATE-ZIP: Raleigh, NC 27609 ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-STATE-ZIP: ☐ Change ☐ 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:

David J. Hochstrasser
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)