2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000061513

Entity Name: DURN GOOD, INC

FILED Apr 28, 2003 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
2709 N.E. 26TH AVENUE FORT LAUDERDALE, FL 33306				7915 HOGAN DRIVE WAKE FOREST, NC 27587			
Current Mailing Address:				New Mailing Address:			
2709 N.E. 26TH AVENUE FORT LAUDERDALE, FL 33306				7915 HOGAN DRIVE WAKE FOREST, NC 27587			
FEI Number:	65-0949253	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Stat	us Desired ()
Name and	Address of Cu	urrent Registered Agent:		Name and	Address of Ne	w Registered	Agent:
915 MIDDL SUITE 506 FORT LAU	GEORGE R E RIVER DRIV DERDALE, FL named entity si of Florida.		rpose o	f changing it	s registered off	ice or registered	d agent, or both,
SIGNATUR							
Electronic Signature of Registered Agent				Date			
	npaign Financing	Trust Fund Contribution ().		ADDITION	S/CHANGES T	O OFFICERS /	AND DIRECTORS
Title: Name: Address: City-St-Zip:	D ()I HOCHSTRASSE 2709 N.E. 26TH . FORT LAUDERD	AVENUE		Title: Name: Address: City-St-Zip:	D (X) C HOCHSTRASSEF 513 DARTMOUTH RALEIGH, NC 27	i	n
Title: Name: Address: City-St-Zip:	DPT ()I HOCHSTRASSE 2709 N.E. 26TH. FORT LAUDERD	AVENUE		Title: Name: Address: City-St-Zip:	DPT (X) C HOCHSTRASSEF 7915 HOGAN DR WAKE FOREST,	IVE	n
Title: Name: Address: City-St-Zip:	D ()I HOCHSTRASSE 2709 N.E. 26TH FORT LAUDERD	AVENUE		Title: Name: Address: City-St-Zip:	D (X) C HOCHSTRASSER 508 MELBOURNI CHARLOTTE, NO	E COURT	n
Title: Name: Address: City-St-Zip:	DVPS () I HOCHSTRASSE 2709 N.E. 26TH . FORT LAUDERD	AVENUE		Title: Name: Address: City-St-Zip:	DVPS (X) (HOCHSTRASSEF 7915 HOGAN DR WAKE FOREST,	IVE	n
Title: Name: Address: City-St-Zip:	D () I BUTLER, JOHN 4505 FALLS OF RALEIGH, NC 2			Title: Name: Address: City-St-Zip:	()(Change () Addition	1

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: ANN R. HOCHSTRASSER DPT 04/28/2003