

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 445269

1. Entity Name

MCDUFFIE MARINE & SPORTING GOODS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90087 034 ***150.00

Principal Place of Business

4090 US HIGHWAY 90 W
LAKE CITY FL 32055
US

Mailing Address

4090 US HIGHWAY 90 W
LAKE CITY FL 32055
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PEELE, S. AUSTIN
327 N. HERNANDO STREET
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

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

City

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 re-registering)

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

TITLE	PD	☐ Delete
NAME	MCDUFFIE (WILLIAM DALBO)	
STREET ADDRESS	4090 US HWY 90 WEST	
CITY- ST- ZIP	LAKE CITY FL 32055	
TITLE	ST	☐ Delete
NAME	MCDUFFIE J. L.	
STREET ADDRESS	4090 US HWY 90 WEST	
CITY- ST- ZIP	LAKE CITY FL 32055	
TITLE	VD	☐ Delete
NAME	MCDUFFIE J. L.	
STREET ADDRESS	4090 US HWY 90 WEST	
CITY- ST- ZIP	LAKE CITY FL 32055	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:

James L. MCDuffie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B0037617



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1511497**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)