

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

012023 AT

DOCUMENT # 445269

1. Entity Name
MCDUFFIE MARINE & SPORTING GOODS, INC.



07-07-2003 90305 021 ***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

1866 West U.S. Hwy 90

Suite, Apt. #, etc.

3. Mailing Address

1866 West U.S. Hwy 90

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Lake City, FL

City & State

Lake City, FL

4. FEI Number

59-1511497

Applied For

Not Applicable

Zip

32055

Country

U.S.

Zip

32055

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MCDUFFIE J. L.
4090 US HWY 90 WEST
LAKE CITY FL 32055** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MCDUFFIE J. L.
4090 US HWY 90 WEST
LAKE CITY FL 32055** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP
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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:

SIGNATURE MCDUFFIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-03

Date

Daytime Phone #

CR2E034 (4/03)