

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90072 013 ***150.00

DOCUMENT # 838362

1. Entity Name
DUCLARKEE INC.

Principal Place of Business 222 E. ROBINSON ST. KNOXVILLE IA 50138	Mailing Address 222 E. ROBINSON ST. KNOXVILLE IA 50138
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **42-6056986**

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

**WOODWARD, ARTHUR V.
 207 NORTH COLLIER BLVD., SUITE 203
 MARCO ISLAND FL 33937**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD JOB, NED K.	TITLE	
NAME	R.R. #1	NAME	
STREET ADDRESS	KNOXVILLE IA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DVP JOB, D. L.	TITLE	
NAME	710 E. MADISON	NAME	
STREET ADDRESS	KNOXVILLE IA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD JOB, STUART L.	TITLE	
NAME	212 W. MARION	NAME	
STREET ADDRESS	KNOXVILLE IA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D JOB, MARGARET P.	TITLE	
NAME	213 W. MAIN	NAME	
STREET ADDRESS	KNOXVILLE IA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD HOLLINGSHEAD, JAMES L.	TITLE	
NAME	402 W. WASHINGTON	NAME	
STREET ADDRESS	KNOXVILLE IA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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. Hollingshead Date: 1-9-01 Daytime Phone #: 641-828-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)