


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91787 012 ***150.00

DOCUMENT # P02000049667
1. Entity Name
J DUCK CORP;



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 941 NE 19th Ave. Suite, Apt. #, etc. Ste. 202 City & State Fort Lauderdale, FL Zip 33304 Country BROWARD		3. Mailing Address 941 NE 19th Ave. #202 Suite, Apt. #, etc. Ste. 202 City & State Fort Lauderdale, FL Zip 33304 Country BROWARD	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0503530	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Jeff Duckham
Street Address (P.O. Box Number is Not Acceptable)
941 NE 19th Ave. Ste. 202
City Fort Lauderdale FL Zip Code 33304

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 _____ (NOTE: Registered Agent signature required when reconstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/SD/COM Jeff Duckham 941 NE 19th Ave. Ste. 202 Fort Lauderdale, FL 33304	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jeff Duckham Jeff Duckham 5/1/03 954-847-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)