

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-05-2003 90163 046 ***150.00

DOCUMENT # F50455

1. Entity Name
THE DURKEE COMPANY



Principal Place of Business

**416 JASMINE WAY
CLEARWATER FL 33756
US**

Mailing Address

**416 JASMINE WAY
CLEARWATER FL 33756
US**

2. Principal Place of Business

416 JASMINE WAY

Suite, Apt. #, etc.

3. Mailing Address

416 JASMINE WAY

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

CLEARWATER, FL.

City & State

CLEARWATER, FL.

4. FEI Number

59-2130474

Applied For

☐ Not Applicable

Zip

Country

33756

USA

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

DURKEE, KEITH

416 JASMINE WAY

ID

CLEARWATER FL 33516

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DURKEE, PHYLLIS**
STREET ADDRESS **416 JASMINE WAY**
CITY-ST-ZIP **CLEARWATER, FL 00000**

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

TITLE **DP** ☐ Delete
NAME **DURKEE, KEITH**
STREET ADDRESS **416 JASMINE WAY**
CITY-ST-ZIP **CLEARWATER FL 33756**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-03

Date

727 441 2982

Daytime Phone #

CR2E034 (10/02)