

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L47197

1. Entity Name  
DUKE PLATT CONSTRUCTION, INC.

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
04-10-2001 90037 018 \*\*\*150.00

0533286

Principal Place of Business  
2960 GOLFVIEW DRIVE  
ZOLFO SPRINGS FL 33890  
US

Mailing Address  
P.O. BOX 728  
ZOLFO SPRINGS FL 33890

00033483



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 65-0180178

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

PLATT, MARION R.  
2960 GOLFVIEW DR.  
ZOLFO SPRINGS FL 33890

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.

SIGNATURE \_\_\_\_\_  
(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

TITILE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WOLFE, ROGER P  
2904 RED CEDAR LANE  
WAUCHULA FL 33873 ☐ Delete

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

TITILE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PLATT, MARION  
2960 GOLFVIEW DRIVE  
ZOLFO SPRINGS FL 33890 ☐ Delete

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

TITILE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITILE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITILE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITILE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: Marion Roy Platt MARION ROY PLATT 4/9/01 863-202-6465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)