

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45380

1. Entity Name

THE NEW DUKES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90085 027 ****61.25

Principal Place of Business Mailing Address
~~1318 PINNACLE PINES RD.~~
~~PANAMA CITY FL 32404~~
1126 Mercedes Ave.
Panama City, FL 32401
~~1318 PINNACLE PINES RD.~~
~~PANAMA CITY FL 32404-5014~~
1126 Mercedes Ave.
Panama City, FL 32401

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3123933 Applied For Not Applicable

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

WALTER, JAMES ERNEST Gilcreast
1318 PINNACLE PINES RD. 1126 Mercedes Ave.
PANAMA CITY FL 32404 Panama City, FL 32401
Name ERNEST Gilcreast
Street Address (P.O. Box Number is Not Acceptable)
164 Harlem Ave.
Panama City, FL
City Panama City FL Zip Code 32401

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 Ernest Gilcreast 3/23/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER, JAMES		NAME		
STREET ADDRESS	1318 PINNACLE PINES RD.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILCREAST, ERNEST		NAME	GILCREAST ERNEST	
STREET ADDRESS	164 HARLEM AVE		STREET ADDRESS	164 Harlem Ave.	
CITY-ST-ZIP	PANAMA CITY FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, WESLEY		NAME		
STREET ADDRESS	1406 E 9TH ST.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RAYMOND		NAME		
STREET ADDRESS	1126 MERCEDES AVE.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 617, 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 amendments.

SIGNATURE: Ernest Gilcreast Ernest Gilcreast 3/13/00 (850) 872-7562
Date Daytime Phone #

CR2E037 (9/99)