

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N45380**

1. Entity Name

The New Dukes Inc

Principal Place of Business

Mailing Address

**1126 Mercedes Ave
PANAMA CITY, FL 32404**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

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

DO NOT WRITE IN THIS SPACE

01 FEB 27 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

**ERNEST Gilcrest
619 Old Hickory St
PANAMA CITY, FL 32404**

7. Name and Address of New Registered Agent

Name **ERNEST Gilcrest**

Street Address (P.O. Box Number is Not Acceptable)

619 Old Hickory St

City

PANAMA CITY, FL

FL

Zip Code

32404

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 Gilcrest

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

25 FEB 2001

**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

TITLE **PD** NAME **ERNEST Gilcrest** ☐ Delete
STREET ADDRESS **619 Old Hickory St**
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE **SD** NAME **Westley Johnson** ☐ Delete
STREET ADDRESS **1406 E 9th St**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE **TD** NAME **Raymond Johnson** ☐ Delete
STREET ADDRESS **1126 Mercedes Ave**
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **500003783455--8**
CITY-ST-ZIP **-02/27/01--01123--001**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *******51.25 *****51.25**
CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 empowered.

SIGNATURE:

Ernest Gilcrest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)