

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000032533**

1. Entity Name

MICHAEL S. MCDUFFIE, CPA, P.A.**FILED****Apr 28, 2001 8:00 am**
Secretary of State

04-28-2001 90087 033 ***150.00

046739

Principal Place of Business

**301 EAST HICKORY AVENUE
CRESTVIEW FL 32536**

Mailing Address

**301 EAST HICKORY AVENUE
CRESTVIEW FL 32536**

2. Principal Place of Business

797 N. Pearl Street

Suite, Apt. #, etc.

3. Mailing Address

797 N. Pearl Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Crestview, FL

City & State

Crestview, FL

4. FEI Number

59-3593476

Applied For

Not Applicable

Zip

32536

Country

USA

Zip

32536

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCDUFFIE, MICHAEL S
5841 FRIENDSHIP LANE
CRESTVIEW FL 32536**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MCDUFFIE, MICHAEL S	5841 FRIENDSHIP LANE	CRESTVIEW FL 32536	

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 (850) 682-4357
Daytime Phone #

CR2E034 (10/00)