

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90860 045 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076456

1. Entity Name
DUKES CONSULTING, INC.



00044956



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
1105 RIVER BIRCH ST
HOLLYWOOD, FL 33019

Mailing Address
152 NW 167 STREET
HOLLYWOOD, FL 33019

2. Principal Place of Business
152 NE 167 Street

3. Mailing Address
152 NE 167 Street

Suite, Apt. #, etc.
#404

Suite, Apt. #, etc.
#404

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip
33162

Country
US

Zip
33162

Country
US

4. FEI Number
65-1031312

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUKES, AMY
152 NE 167 STREET 301
MIAMI, FL 33162

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. 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!!! FEES \$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

TITLE PD
NAME DUKES, JOHN ☐ Delete
STREET ADDRESS 1105 RIVER BIRCH ST
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE VD
NAME DUKES, AMY ☐ Delete
STREET ADDRESS 1105 RIVER BIRCH ST
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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 11

TITLE PD ☒ Change ☐ Addition
NAME Dukes, John
STREET ADDRESS 152 NE 167 Street #404
CITY-ST-ZIP North Miami Beach, FL 33162

TITLE VD ☒ Change ☐ Addition
NAME Dukes, Amy
STREET ADDRESS 152 NE 167 Street #404
CITY-ST-ZIP North Miami Beach, FL 33162

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

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-03

305949-9155

Date

Daytime Phone #

CR2034 (10/02)