

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90125 003 ***150.00

0546344

DOCUMENT # P00000085260

1. Entity Name

DUKHEAD COMPUTERS, INC.

Principal Place of Business

~~PO BOX 246~~
ONECO FL 34264

Mailing Address

PO BOX 246
ONECO FL 34264

2. Principal Place of Business

6513 14th St. W.

3. Mailing Address

Suite, Apt. #, etc.

Suite 125

City & State

Bradenton FL

City & State

Zip

34207

Country

Zip

Country

4. FEI Number

651038097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAIMES, TIMOTHY

6802 15TH AVE WEST
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name

HAIMES, Timothy or Margaret Renee

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

1513 68th St. W.

City

Bradenton

FL

Zip Code

34209

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	President	<input type="checkbox"/> Delete
NAME	TIMOTHY PHAIMES	
STREET ADDRESS	1513 68th St. W.	
CITY - ST - ZIP	Bradenton FL 34209	
TITLE	V.P., Secretary, Treasurer	<input type="checkbox"/> Delete
NAME	MARGARET RENEE HAIMES	
STREET ADDRESS	1513 68th St. W.	
CITY - ST - ZIP	Bradenton FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 APR 01

Date

941-755-4600

Daytime Phone #

CR2E034 (10/00)