


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90369 009 ***150.00

DOCUMENT # P000000 93636	
1. Entity Name DUZT'S TOO, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7908 COASTAL HWY	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State CRAWFORDVILLE FL	City & State	4. FEI Number 593667926	Applied For <input type="checkbox"/> Not Applicable
Zip 32327	Country WAKULLA	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name BEVERLY STRICKLAND	
Street Address (P.O. Box Number is Not Acceptable) 424 E. CALL STREET	
City TALLAHASSEE	Zip Code FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 DIRECTOR	TITLE	DO NOT WRITE IN THIS SPACE
NAME LAWANA MATTHEWS	NAME	
STREET ADDRESS 117 LAKE ELLEN SHORE	STREET ADDRESS	
CITY-ST-ZIP CRAWFORDVILLE FL 32327	CITY-ST-ZIP	
TITLE DIRECTOR	TITLE	
NAME ROBERT FORSYTHE	NAME	
STREET ADDRESS 25 ANN CIR	STREET ADDRESS	
CITY-ST-ZIP CRAWFORDVILLE FL 32327	CITY-ST-ZIP	
TITLE	TITLE	
NAME	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	TITLE	
NAME	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	TITLE	
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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *D. Matthews* Vice President 4-30-03 850-925-6448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34B (12/02)