

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

DOCUMENT # PD1000003806

1. Entity Name

ROGER W. DUFFIELD Electric Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3396 US 90

Suite, Apt. #, etc.

3. Mailing Address

-PO BOX 633

Suite, Apt. #, etc.

City & State

WELLBORN FL

City & State

WELLBORN, FL

Zip

32094

Country

FLORIDA

Zip

32094

Country

FLORIDA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ROGER W. DUFFIELD

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

3396 US Hwy 90

City

WELLBORN

FL

Zip Code

32094

**DO NOT WRITE
IN THIS SPACE**

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

RW Duffield

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-16-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<u>Pres-</u> <u>ROGER W. DUFFIELD</u> <u>3396 US Hwy 90</u> <u>WELLBORN FL 32094</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>3000008405549</u> <u>-10/16/02-01006-027</u> <u>***158.75 ***158.75</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ROGER W. DUFFIELD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-02 386-963-3842

CR2E034B (12/01)

ROGER W. DUFFIELD
PO BOX 633
WELLBORN, FL 32094
10-16-02

I, ROGER W. DUFFIELD did NOT
RECEIVE A UBR NOTICE TO RENEW ^{Electric}
MY CORP STATUS For Roger W. Duffield, Inc
Document # D01000003806

RW Duffield