

PROFIT CORPORATION FORM BUSINESS REPORT (UBR)

DOCUMENT # P01000003806

1. Entity Name

ROGER W. DUFFIELD Electric INC

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC -4 AM 11:46

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3396 US 90

Suite, Apt. #, etc.

3. Mailing Address

POB 633

Suite, Apt. #, etc.

City & State

Wellborn FL

City & State

Wellborn FL

Zip

32094

Country

US

Zip

32094

Country

US

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)

POB 633

3396 US Hwy 90

City

WELLBORN

FL

Zip Code

32094

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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

Roger W. Duffield

ROGER W. DUFFIELD PRES.

12-4-02

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)

☐

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
owner -
Roger W. Duffield
POB 633
Wellborn FL 32094

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
MARCUS FREEMAN
POB 2318
Lake City FL 32056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100009350551
12/04/02--01051--001 **61.25

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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

ROGER W. DUFFIELD

12-4-02

386-963-3842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)