

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90216 018 \*\*\*150.00

DOCUMENT # *P01000003806*

1. Entity Name

Roger W. Duffield Electric, Inc.

**DO NOT WRITE IN THIS SPACE**

90104333

2. Principal Place of Business

3396 US Hwy 90

Suite, Apt. #, etc.

3. Mailing Address

PO Box 633

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Wellborn, FL

City & State  
Wellborn, FL.

4. FEI Number  
30-0120573

Applied For  
Not Applicable

Zip  
32094

Country  
US

Zip  
32094

Country  
US

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)

PO Box 633  
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 *Roger W. Duffield, PRES* *Roger W. Duffield* *4-22-03*

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-P  
Roger W. Duffield  
PO Box 633  
Wellborn, FL 32094

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V/P  
Marcus Freeman  
PO Box 2318  
Lake City, FL 32056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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* *R.W. DUFFIELD* *4-22-03* *386-963-3842*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)