

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90223 043 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000081666

1. Entity Name
DUCKROW, INC.



Principal Place of Business
1601 SW 5TH STREET
FORT LAUDERDALE, FL 33312

Mailing Address
1601 SW 5TH STREET
FORT LAUDERDALE, FL 33312

11034557



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

211 NW 4th Avenue

Suite, Apt. #, etc.

3. Mailing Address

PO Box 460632

Suite, Apt. #, etc.

City & State

Hallandale, FL

Zip 33009

Country USA

City & State

Fort Lauderdale, FL

Zip 33346

Country USA

4. FEI Number

65-1145574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, MICHAEL P
1601 SW 6TH STREET
FORT LAUDERDALE, FL 33312

Name

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

2648 Marion Dr.

1

City

Fort Lauderdale, FL

Zip Code

33316

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

Signature, typed or printed name of registered agent and used as applicable

(NOTE: Registered Agent Signature required when resigning)

DATE

4/29/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 PD
NAME MURPHY, MICHAEL P
STREET ADDRESS 1601 SW 6TH STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Michael Murphy
STREET ADDRESS 2648 Marion Dr.
CITY-ST-ZIP Fort Lauderdale, FL 33316

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03

CR2E034 (10/02)