


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-08-2003 90140 011 ***150.00

DOCUMENT # P02000008283
1. Entity Name
WAYNE'S AUTO & MARINE, INC.



Principal Place of Business
**76 WEST MONTGOMERY STREET
LAKE CITY FL 32025**

Mailing Address
**76 WEST MONTGOMERY STREET
LAKE CITY FL 32025**

2. Principal Place of Business
152 SW Montgomery dr.

3. Mailing Address
152 SW Montgomery dr.

Suite, Apt. #, etc.

City & State
Lake City FL

Country
USA

Zip
32025



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**DUKE, PHYLLIS H
RTE. 1, BOX 581
BRANFORD FL 32008**

4. FEI Number
01-0586456

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name
Phyllis H. Duke

Street Address (P.O. Box Number is Not Acceptable)
RTE 1 BOX 581

City
Lake City

State
FL

Zip Code
32055

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 _____

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	Henry Wayne Duke Sr.	RTE 1 BOX 581 LAKE CITY FL. 32055			
Vice President	Henry Wayne Duke Jr.	RTE 1 BOX 581 LAKE CITY FL. 32055			
Secretary/Treasurer	Phyllis H. Duke	RTE 1 BOX 581 LAKE CITY FL. 32055			

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 the empowered.

SIGNATURE: Phyllis H. Duke **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)