

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90049 027 ***150.00

DOCUMENT # P02000020846

1. Entity Name
BLUE DUCK ENTERPRISES, INC.



Principal Place of Business
**C/O ACCOUNTING & BUSINESS CONSULTANTS INC
17 ROSE DRIVE
FORT LAUDERDALE FL**

Mailing Address
**C/O ACCOUNTING & BUSINESS CONSULTANTS INC
17 ROSE DRIVE
FORT LAUDERDALE FL**



2. Principal Place of Business
**c/o Acctg. & Bus. Cnslts.
1535 SE 17th St., B206
Fort Lauderdale, FL
33316 U.S.**

3. Mailing Address
**c/o Acctg. & Bus. Cnslts.
1535 SE 17th St., B206
Fort Lauderdale, FL
33316 U.S.**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
03-0556833

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROGERS, STEVEN J
500 NE 6TH AVENUE
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 title if applicable. (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 **D** ☐ Delete
NAME **ROGERS, STEVEN J**
STREET ADDRESS **500 NE 6TH AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☐ Delete
NAME **GILBERT, CATHLEEN**
STREET ADDRESS **500 NE 6TH AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03
Date

Daytime Phone #

CR2E034 (10/02)