2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000020846 DOCUMENT

1. Entity Name

BLUE DUCK ENTERPRISES, INC.



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

03-14-2003 90049 027 ***150.00

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			# 1 mm				
2. Principal	Place of Business	. 3. Mailing Address				ANN DENN KENN DENN TA			
c/o Acota & Puo Chalta		a/a Aceta & Buo Chalta							
c/o Acctg. & Bus. Cnslts. 1535 SE 17th St., B206		c/o Acctg. & Bus. Cnslts. 1535 SE 17th St., B206		□ СНЕСК Н	ERE IF MAKING C	CHANGES	;		
diortskauderdale, FL		chort-dauderdale, FL		4 55111					
33316 U.S.		33316 U.S.		4. FE! Number - 00-055080		<u> </u>	pplied For		
Zip	Country	Zip U.S.	Count	trv	09 00000			ot Applicable	
				.,	 5. Certificate of Status Desir 	red □ 🍑	8.75 Addee Require	ditional ed	
	6. Name and Address of Current F	Registered Agent	-		7. Name and Address of N	ew Registered Ag	ent		
- ~ _					Name				
ROGERS, STEVEN J				Street Address (P.O. Box Number is Not Acceptable)					
	TH AVENUE		ĺ						
DEEFIELD	D BEACH FL 33441								
				City		FL	Zip Cod	e e	
8. The above	e named entity submits this statement for	the nurnose of changing its	rogietoro	d office or registers	ad agant or bath in the Ctate				
the obliga	tions of registered agent,	the purpose of changing its	registere	a onice or registere	ed agent, or both, in the State (of Fiorida. I am fan	niliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable (NOTE	- Bacistorad	I Agent signature required v					
		1		2 Agent signature required t	when reinstating)	DATE	·		
	ILE NOW!!! FEE IS \$150.00	2			9. Election Campaig	n Financing	\$5.0	May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Trust Fund Contrib	oution.	Added	to Fees	
10.	OFFICERS AND D		11.		ADDITIONS (CLIANICES TO	OFFICERO AND D	DECTOR	<u> </u>	
TITLE	D	Delete	TITLE	<u>-</u>	ADDITIONS/CHANGES TO		_		
NAME	ROGERS, STEVEN J	L Delete	NAME			Ļ	☐ Change	☐ Addition	
STREET ADDRESS	500 NE 6TH AVENUE		_	ET ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-	ST-ZIP					
TITLE	D	☐ Delete	TITLE			Г	7 Change	Addition	
NAME	GILBERT, CATHLEEN		NAME	.		_			
STREET ADDRESS	500 NE 6TH AVENUE		STREE	T ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	· · · ·	CITY-:	ST-ZIP					
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CITY-ST-ZIP		······································	CITY-S		· <u>-</u>				
12. I hereby c	ertify that the information supplied with the	is filing does not qualify for t	the exem	ption stated in Sect	tion 119,07(3)(i), Florida Statut	es. I further certify	that the in	formation	

Inereby certify that the information supplied with this filling does not quality 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.

GNATURE:

GNATURE:

SIGNATURE:

3/6/03 Date

Daytime Phone #