


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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91787 012 \*\*\*150.00

<b>DOCUMENT #</b> P02000049667	
<b>1. Entity Name</b> J DUCK CORP.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 941 NE 19th Ave.		<b>3. Mailing Address</b> 941 NE 19th Ave. #202	
Suite, Apt. #, etc. Ste. 202		Suite, Apt. #, etc. Ste. 202	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33304	Country BROWARD	Zip 33304	Country BROWARD

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 45-0503530	Applied For <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
	<b>7. Name and Address of Current Registered Agent</b>	
	Name Jeff Duckham	
	Street Address (P.O. Box Number is Not Acceptable) 941 NE 19th Ave. Ste. 202	
City Fort Lauderdale		FL Zip Code 33304

**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 reconstituting) \_\_\_\_\_ **DATE** \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P / VP / S / D / O / M Jeff Duckham 941 NE 19th Ave. Ste. 202 Fort Lauderdale, FL 33304	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jeff Duckham Jeff Duckham 5/1/03 954-847-9955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)