

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90201 026 \*\*\*150.00

0355354 AV

**DOCUMENT # P02000070232**

1. Entity Name

THE DUKE OF EARLE GROUP, INC



Principal Place of Business

10670 NW 28TH PL  
SUNRISE FL 33322

Mailing Address

10670 NW 28TH PL  
SUNRISE FL 33322



2. Principal Place of Business

*The Duke of Earle Group*  
10670 NW 28th Place  
Sunrise, FL 33322

3. Mailing Address

10670 NW 28th Place  
Sunrise, FL 33322

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

38-3652588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EARLE, BEVAN H  
10670 NW 28TH PL  
SUNRISE FL 33322

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD  
NAME: EARLE, BEVAN H  
STREET ADDRESS: 10670 NW 28TH PL  
CITY-ST-ZIP: SUNRISE FL 33322

☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
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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 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

*06/28/2003*

Date

Daytime Phone #

CR2E034 (10/02)