

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90113 047 ***150.00

DOCUMENT # P02000073120

1. Entity Name
LUCKY DUCK PRESS, INC.



Principal Place of Business
**154 SOUTH TESSIER DR.
ST. PETE BEACH FL 33706**

Mailing Address
**154 SOUTH TESSIER DR.
ST. PETE BEACH FL 33706**

2. Principal Place of Business
2120 52nd Street South
Suite, Apt. #, etc.

3. Mailing Address
2120 52nd Street South
Suite, Apt. #, etc.

City & State
Gulfport, Florida
Zip
33707
Country
USA

City & State
Gulfport, Florida
Zip
33707
Country
USA

4. FEI Number
#01-0732219
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**O'NEILL, JAMES W ESQ.
2120 52ND ST. SOUTH
GULFPORT FL 33707**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **Mar 4, 2003**

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 |
|-------|-----------------------|-----------------------|-------------------------|---------------------------------|
| PTD | CONNOLLY, HENRY A JR. | 154 SOUTH TESSIER DR. | ST. PETE BEACH FL 33706 | <input type="checkbox"/> |
| VSD | YANOWSKI, BARBARA T | 154 SOUTH TESSIER DR. | ST. PETE BEACH FL 33706 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar 4, 2003

CR2E034 (10/02)