

# 2000 UNIFORM BUSINESS REPORT (UBR)

090500

DOCUMENT # P94000020654

1. Entity Name

DUQUETTE ENTERPRISES, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -9 AM 8:06

Principal Place of Business

1108 GREEN PINE BLVD  
APT G-3  
WEST PALM BEACH FL 33409  
US

Mailing Address

1108 GREEN PINE BLVD  
APT G-3  
WEST PALM BEACH FL 33409  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0486110

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUQUETTE, KENNETH  
1108 GREEN PINE BLVD.  
APT. G-3  
WEST PALM BEACH FL 33409

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME DUQUETTE, KENNETH  
STREET ADDRESS 1108 GREEN PINE BLVD APT G-3  
CITY-ST-ZIP W PALM BEACH FL 33409

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

600003432696--1  
-10/19/00--01109--004

\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

600003432696--1  
-10/19/00--01109--005

\*\*\*\*400.00 \*\*\*\*400.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

13. 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 11 or Block 12 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 #

8/31/00