

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90172 011 ***150.00

DOCUMENT # *P950000909541*

1. Entity Name

Raise The Main Inc.



DO NOT WRITE IN THIS SPACE

11009690

2. Principal Place of Business

5950 Peninsula Ave.

3. Mailing Address

Raise The Main

City, Apt. #, etc.

OceanSide MARINA

City, Apt. #, etc.

28555 Jolly Roger Dr

City & State

Key West, F

City & State

Little Torch Key, FL

Zip

Country

Zip

33042

Country

USA

4. FEI Number

#650658351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

John Duke

Street Address (P.O.-Box Number is Not Acceptable)

28555 Jolly Roger Drive

Little Torch Key, FL

City

FL

Zip Code

33042

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IN THIS SPACE**

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

John Duke

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

(NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *President*
NAME *John Duke*
STREET ADDRESS *28555 Jolly Roger Dr*
CITY-ST-ZIP *Little Torch Key, FL 33042*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *J.P.*
NAME *Beti Duke*
STREET ADDRESS *28555 Jolly Roger Dr*
CITY-ST-ZIP *Little Torch Key, FL 33042*

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)