

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90022 016 ***150.00

DOCUMENT # P96000018178

1. Entity Name

MALIBU CONSTRUCTION & REMODELING, INC.

Principal Place of Business

**5714 COCO PALM DN
 FORT LAUDERDALE FL 33319**

Mailing Address

**C/O JOHN H. HULL
 5714 COCO PALM DR
 FORT LAUDERDALE FL 33319**

00050533



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3514 NW 10 Ave

3. Mailing Address

281 E. Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUD., FL

City & State

FT. LAUD., FL

4. FEI Number

65-0678347

Applied For

Not Applicable

Zip

Country

33309 FLORIDA

Zip

Country

33334 Broward

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

DUKE, WAYNE

3514 NW 10TH AVE

FORT LAUDERDALE FL 33309

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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** ☐ Delete
 NAME **DUKE, WAYNE A**
 STREET ADDRESS **2500 NW 53RD ST**
 CITY-ST-ZIP **TAMARAC FL 33309**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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: **X Wayne A. Duke, PRES**

3/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)