

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000087124**

1. Entity Name

DUKE ENTERPRISES OF CHARLOTTE, INC.**FILED****Jan 11, 2001 8:00 am**
Secretary of State

01-11-2001 90024 005 ***150.00

Principal Place of Business
**1900 TAMiami TRAIL
UNIT 116-E
PORT CHARLOTTE FL 33948**Mailing Address
**1900 TAMiami TRAIL
UNIT 116-E
PORT CHARLOTTE FL 33948**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0734341**

Applied For

Not Applicable

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

**PLATTS, DARREN
1900 TAMiami TRAIL
UNIT 116-E
PORT CHARLOTTE FL 33948**

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 reinstalling)

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	PLATTS, DARREN			
	1900 TAMiami TRAIL UNIT 116			
	PORT CHARLOTTE FL 33948			
	STD			
	PLATTS, SARAH			
	1900 TAMiami TRAIL UNIT 116			
	PORT CHARLOTTE FL 33948			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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]***D.B. PLATTS****S. PLATTS**

Date

Daytime Phone #

CP2E034 (10/00)