

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

04-21-2003 90387 045 ***150.00

DOCUMENT # P97000021219

1. Entity Name
KEITH DUKE CONSTRUCTION, INC.



Principal Place of Business
519 BENNING DRIVE
DESTIN FL 32541
US

Mailing Address
519 BENNING DRIVE
DESTIN FL 32541
US

2. Principal Place of Business
216 BUCK DRIVE
Suite, Apt. #, etc.

3. Mailing Address
216 BUCK DRIVE
Suite, Apt. #, etc.

City & State
FORT WORTH BEACH FL.
Zip
32548
Country
US

City & State
FORT WORTH BEACH FL
Zip
32548
Country
US

4. FEI Number **59-3434617**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

DUKE, KEITH
519 BENNING DR
DESTIN FL 32541

7. Name and Address of New Registered Agent

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

City & State

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
PTD DUKE, KEITH
519 BENNING DR
DESTIN FL 32541 ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
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CITY-ST-ZIP ☐ **Delete**

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CITY-ST-ZIP ☐ **Delete**

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Keith Duke* **KEITH DUKE**

4-20-03

(850) 240-1371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)