

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90068 040 \*\*\*150.00

**DOCUMENT # P98000001776**

**1. Entity Name**  
**DUCKETT ENGINEERING GROUP, INC.**

**Principal Place of Business**  
600 S FEDERAL HWY  
STE 208  
DEERFIELD BEACH FL 33441  
US

**Mailing Address**  
600 S FEDERAL HWY  
STE 208  
DEERFIELD BEACH FL 33441  
US

**2. Principal Place of Business**  
2300 W. SAMPLE ROAD  
Suite, Apt. #, etc. SUITE 310

**3. Mailing Address**  
2300 W. SAMPLE ROAD  
Suite, Apt. #, etc. SUITE 310

**City & State**  
POMPAUN BEACH, FL  
**Zip** 33073  
**Country** USA

**City & State**  
POMPAUN BEACH, FL  
**Zip** 33073  
**Country**

**4. FEI Number** 65-0803598

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DUCKETT, MARK  
6222 N.W. 74TH COURT  
PARKLAND FL 33067

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
5620 NW 75TH WAY  
**City** PARKLAND **FL** **Zip Code** 33067

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

(NOTE: Registered Agent signature required when reinstating)

**DATE** 01.07.02

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution:

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> DUCKETT, MARK
<b>STREET ADDRESS</b>	6222 N.W. 74TH COURT
<b>CITY-ST-ZIP</b>	PARKLAND FL 33067
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
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<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	5620 N.W. 75TH WAY
<b>CITY-ST-ZIP</b>	PARKLAND, FL 33067
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
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<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.07.02

Date

Daytime Phone #

(954) 935-5115

CR2E034 (9/01)