

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000045873**

1. Entity Name
LUKE & LUKE, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90337 045 ***150.00

Principal Place of Business

**1622 HICKMAN ROAD
JACKSONVILLE FL 32216**

Mailing Address

**1622 HICKMAN ROAD
JACKSONVILLE FL 32216**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3527335**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUKE, MICHAEL W
1622 HICKMAN ROAD
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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's signature required when re-registering)

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

TITLE	CD	☐ Delete
NAME	LUKE, MICHAEL W	
STREET ADDRESS	10882 PINE ESTATES RD E	
CITY-STATE-ZIP	JACKSONVILLE FL 32218	
TITLE	D	☐ Delete
NAME	LUKE, GARY L	
STREET ADDRESS	1804 BARTRAM CIRCLE E	
CITY-STATE-ZIP	JACKSONVILLE FL 32207	
TITLE	P	☐ Delete
NAME	SMITH, JANET	
STREET ADDRESS	3033 LANTANA LAKES DR E	
CITY-STATE-ZIP	JACKSONVILLE FL 32246	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1622 Hickman Rd	
CITY-STATE-ZIP	Jacksonville, FL 32216	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1622 Hickman Rd	
CITY-STATE-ZIP	Jacksonville, FL 32216	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	3033 LANTANA LAKES DR E	
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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(s) empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-2001 (904) 725-9818

CR2E034 (10/00)