

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90742 023 ***150.00

DOCUMENT # P98000051790

1. Entity Name
DUKE INVESTMENTS, INC.



Principal Place of Business
**5364 EHRlich ROAD
SUITE 165
TAMPA FL 33624**

Mailing Address
**5364 EHRlich ROAD
SUITE 165
TAMPA FL 33624**

2. Principal Place of Business

**17633 Gunn Highway
Suite, Apt. #, etc. 165**

3. Mailing Address

**17633 Gunn Highway
Suite, Apt. #, etc. 165**

City & State

Odessa, FL

City & State

Odessa, FL

Zip

33556

Country

USA

Zip

33556

Country

USA

4. FEI Number **59-3578683**

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

**MENDEL, LOUIS J
5364 EHRlich RD
STE 165
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name **Louis J. Mendel III**
Street Address (P.O. Box Number is Not Acceptable)
**17633 Gunn Highway
Suite 165**
City **Odessa** **FL** Zip Code **33556**

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

1/7/03

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 **PSTD** ☐ Delete
NAME **MENDEL, LOUIS J III**
STREET ADDRESS **5364 EHRlich ROAD #165**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Louis J. Mendel III**
STREET ADDRESS **17633 Gunn Highway suite 165**
CITY-ST-ZIP **Odessa, FL 33556**

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

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

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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Louis J. Mendel III 813-695-6966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)