

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91346 004 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

669296

DOCUMENT # P980000070026
1. Entity Name

1007 Duval Street Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1007 Duval Street

3. Mailing Address

2 South Univ Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 215

DO NOT WRITE IN THIS SPACE

City & State
Key West FL

City & State
Plantation FL

4. FEI Number
265-0856848

Applied For

Not Applicable

Zip
33040

Country
USA

Zip
33324

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Brian Lynn

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

2 South Univ Dr, #215

City Plantation

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is: \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Pres
Marcia Jean
12079 NW 1 Street
Coral Springs, FL 33071

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marcia Jean

4-9-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marcia Jean, Pres

CR2E034B (12/01)