

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90079 042 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000016767

1. Entity Name
ALISA S. DUKE, P.A.

Principal Place of Business
2833 NE 20TH CT.
FT.LAUDERDALE FL 33305

Mailing Address
2833 NE 20TH CT.
FT.LAUDERDALE FL 33305

2. Principal Place of Business
7120 Nesters Dr.
 Suite, Apt. #, etc.

3. Mailing Address
7120 Nesters Dr.
 Suite, Apt. #, etc.

City & State
Tallahassee, FL
 Zip
32312
 Country
Leon

City & State
Tallahassee, FL
 Zip
32312
 Country
Leon

4. FEI Number
65-0903511

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DUKE, ALISA S ESQ.
2833 NE 20TH CT.
FT.LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name **Same**
 Street Address (P.O. Box Number is Not Acceptable)
7120 Nesters Drive
 City **Tallahassee FL** Zip Code **32312**

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 **Alisa S Duke**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/02
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D DUKE, ALISA S 2833 NE 20TH CT. FT.LAUDERDALE FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Alisa S Duke**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 **8506684553**
 Date Daytime Phone #

CR2E034 (9/01)