2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **P99000088935** May 12, 2000 8:00 am Secretary of State BILLY DUKE'S ENTERTAINMENT SOURCE. INC. 05-12-2000 90087 008 ***150.00 Principal Place of Business Mailing Address 1750 NORTH FLORIDA MANGO ROAD STE 408 1750 NORTH FLORIDA MANGO ROAD STE 408 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-5266 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARIE BANDLOW **BOGUE ASSOCIATES** Street Address (P.O. Box Number is Not Acceptable) 5384 TENTH AVE NORTH LAKE WORTH FL 33463-2061 N. Florida Mango R 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Delete TITLE TESONE, WILLIAM N NAME NAME 2601 SOUTH COURSE DR STE 311 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP Addition ☐ Delete TITLE BANDLOW, A. MARIE NAME NAME 1125 CARAMBOLA CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33406 CITY-ST-ZIP ☐ Delete TITLE ☐: Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.