## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25614 PINE VALLEY-DR.

MT-PLYMOUTH-FL 32778

## P99000102202 **DOCUMENT #**

1. Entity Name

Principal Place of Business

25614 PINE-VALLEY DR.

MT. PLYMOUTH FL 32776

DUCKWORTH ENTERPRISES, INC.



## **FILED** Feb 26, 2003 8:00 am Secretary of State

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2. Principal Place of Business 9748 SE HWY464C 9748 SE HWY4646					4 (0011001 110 15110 10111 DOI11	JULI) BEIDT HUUL BEIN	# 1441 <b>#</b> 11 <b>8</b> 16	<b>40</b> 17 <b>0</b> 14 <b>6</b> 4 1 <b>00</b> 4	
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780 X	2179 Country 2179 _ () S.A	32179	Country		5. Certificate of Status Desired	Fe	<b>8.75</b> Ade Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
DUCKWORTH, DEBORAH									
-25614 PINE VALLEY DR.				Street Address (P.O. Box Number is Not Acceptable)					
	10UTH-FL-32776		LITO 1 SCISS- 1 K. K.D.						
			City	EIRS	DALE	FL		ใจร	
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or	registered	d agent, or both, in the State of I	lorida. I am fan	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: F	registered Agent signate	ure required wh	hen reinstating)	DATE			
FILE NOW!!! FEE 18 \$150.00									
	May 1, 2003 Fee will be \$550.00	<b>.</b>			<ol> <li>Election Campaign F Trust Fund Contribut</li> </ol>	·		00 May Be	
	Payable to Florida Department of								
10.	OFFICERS AND D		11,	10	ADDITIONS/CHANGES TO OF				
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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: DEBORAH DUCIEWORTH FILTES IDENT 1 22 03 352-288-8332									