

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90097 030 ***150.00

DOCUMENT # P99000110865

1. Entity Name
DUKZ/SETT INC. DUKZSETT @ AOL.COM

Principal Place of Business
**3010 NW 78TH AVE.
 HOLLYWOOD FL 33024**

Mailing Address
~~3010 NW 78TH AVE~~
~~PEMBROKE PINES FL 33084~~
**3010 N.W. 78th Ave
 Hollywood, FL. 33024**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



DO NOT WRITE IN THIS SPACE

65-1000462
APPLIED FOR

4. FEI Number
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DORSETT, JERALD
 3010 NW 78TH AVE.
 HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	Delete
VP	JOHNS, RAWJEK E	330 DELAWARE AVE	FORT LAUDERDALE FL 33312	<input checked="" type="checkbox"/>
P	DORSETT, JERALD S	3010 NW 78TH AVE	HOLLYWOOD FL 33024	<input type="checkbox"/>
T	JONES, CLINTON E	880 NOB HILL DRIVE	BIRMINGHAM AL 35209	<input type="checkbox"/>
VP	Kimberly F.B. Dorsett	3010 N.W. 78th Ave	Hollywood, FL. 33024	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01
 Date

954/242-9454
 Daytime Phone #

CR2E034 (10/00)