

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 Mailing Address

**3010 NW 78TH AVE.
 HOLLYWOOD FL 33024** ~~20 8000 10865~~
**3010 N.W. 78th Ave
 Hollywood, FL. 33024**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE
65-1000462

4. FEI Number **APPLIED FOR** 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	VP	<input checked="" type="checkbox"/> Delete
NAME	JOHNS, RAWJEK E	
STREET ADDRESS	330 DELAWARE AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	P	<input type="checkbox"/> Delete
NAME	DORSETT, JERALD S	
STREET ADDRESS	3010 NW 78TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, CLINTON E	
STREET ADDRESS	880 NOB HILL DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL 35209	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Kimberly F.B. Dorsett	
STREET ADDRESS	3010 N.W. 78th Ave	
CITY-ST-ZIP	Hollywood, FL. 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: _____ Date: **4/28/01** Daytime Phone #: **954/242-9454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)