## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jun 20, 2001 8:00 am DOCUMENT # \^ **Secretary of State** 1. Entity Name 06-20-2001 90015 012 \*\*\*150.00 McDUFFIR EnterPrises, Inc. Principal Place of Business Mailing Address 523 E Martin wther C0071889 KING BLVD Starke Flg. 32091 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4: FEI Number - Applied For City & State City & State 7270 59-31 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Mitchell Mamie L Street Address (P.O. Box Number is Not Acceptable) · 998 Lamer St Starke Fla 32091 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) --Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (11/00) ☐ Change TITLE ☐ Delete OP mitchelly mamit L NAME 998 Lemie St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Starke Fla 3209 Change ☐ Addition GMD NAME NAME miteral Simon STREET ADDRESS STREET ADDRESS 998 Lamar St Starke Fla 3209) CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE NAME NAME medurery, michel MCDOLLIND ST STALKS Ela 3508) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Judge Sadie L NAME SUN 1241 AVE S. Tampa F1 33619 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Judge, Allin 5614 12th Ave Tenph Pla. 33619 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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sicheal mcOuffil (e-14-0 | 904-759-9392 SIGNATURE: \square

changed, or on an attachment with an address, with all other like empowered.

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

Attachment 0# V37099 COD71889

MCDUFFY ENTERPRIZES
-523 MARTIN LUTHER KING BLVD
STARKE, FL 32091

Request taken by: rmarks.bat 06-08-2001

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

To whom it may concern I recoully Requested a Form to file my corporate information on because I Dio. Not recipie one. We have that problems in the past with New Mail carriers - and perhaps or may be, because our street adress is no Longer S23 E Brownlee St But S23 E Martin Luther King BIVD starked Fla. 32091. Im sending 150.00 because I Dout believe it was either of our Faults that this happend.

Note: Oleano (there addess)

Note: Please Chlouge adress in your Records to