

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-26-2003 90023 028 \*\*\*550.00

0154570 FP

**DOCUMENT # V37099**

1. Entity Name

**MCDUFFIE ENTERPRISES, INC.**



Principal Place of Business

**523 E. MARTIN LUTHER KING BLVD.  
STARKE FL 32091**

Mailing Address

**523 E. MARTIN LUTHER KING BLVD.  
STARKE FL 32091**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3172707**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITCHELL, MAMIE L.  
998 LAMAR ST  
STARKE FL 32091**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Michael McDuffie*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **OP MITCHELL, MAMIE L**  
STREET ADDRESS **998 LEMAR ST.**  
CITY-ST-ZIP **STARKE FL 32091**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **GMD MITCHELL, SIMON**  
STREET ADDRESS **998 LAMAR ST.**  
CITY-ST-ZIP **STARKE FL 32091**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **V MCDUFFIE, MICHAEL**  
STREET ADDRESS **523 E. BROWN LEE ST.**  
CITY-ST-ZIP **STARKE FL 32091**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S JUDGE, SADIE L**  
STREET ADDRESS **5614 12TH AVE. S.**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **C JUDGE, ALLEN**  
STREET ADDRESS **5614 12TH AVE. S.**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

*Michael McDuffie* 8-25-03 904-759-9392