

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90044 009 \*\*\*158.75

**DOCUMENT # 407681**

1. Entity Name

**DUDA INDUSTRIES, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 620257  
 OVIEDO FL 32762-0257  
 US

P.O. BOX 620257  
 OVIEDO FL 32762-0257  
 US

BCC18542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1424021**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIVINGSTON CALVIN J**  
**HWY 426**  
**OVIEDO FL 32765**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDA, ANDREW L.	NAME	
STREET ADDRESS	HIGHWAY 426	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDA, EDWARD	NAME	
STREET ADDRESS	HIGHWAY 426	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, CALVIN J	NAME	
STREET ADDRESS	HWY 426	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDA, FERDINAND S.	NAME	
STREET ADDRESS	HIGHWAY 426	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAF, DONALD L.	NAME	
STREET ADDRESS	1975 W. STATE ROAD 426	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDA, WALTER A.	NAME	
STREET ADDRESS	HIGHWAY 426	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	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)(j), 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: *Donald L. Graf* **REQUIRED** Donald L. Graf, Vice President (407)365-2111  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

407681

DUDA INDUSTRIES, INC.Federal I.D. No. 59-1424021ADDITIONAL OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>
CASEY, Joseph F.	Treasurer	1975 W. State Road 426	Oviedo FL 32765
CHAPMAN, Tracy Duda	Asst. Secy.	1975 W. State Road 426	Oviedo FL 32765
DUDA, David J.	Asst. Treas.	1975 W. State Road 426	Oviedo FL 32765