

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 P.O. BOX 620257 OVIEDO FL 32762-0257 US	Mailing Address P.O. BOX 620257 OVIEDO FL 32762-0257 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-1424021**

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required.**

BCC18542



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LIVINGSTON CALVIN J
HWY 426
OVIEDO FL 32765

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 _____
 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

TITLE	DV	<input type="checkbox"/> Delete
NAME	DUDA, ANDREW L.	
STREET ADDRESS	HIGHWAY 426	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUDA, EDWARD	
STREET ADDRESS	HIGHWAY 426	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	S	<input type="checkbox"/> Delete
NAME	LIVINGSTON, CALVIN J	
STREET ADDRESS	HWY 426	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DUDA, FERDINAND S.	
STREET ADDRESS	HIGHWAY 426	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GRAF, DONALD L.	
STREET ADDRESS	1975 W. STATE ROAD 426	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUDA, WALTER A.	
STREET ADDRESS	HIGHWAY 426	
CITY-ST-ZIP	OVIEDO FL 32765	

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: 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