

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

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04-25-2003 90165 012 \*\*\*158.75

**DOCUMENT # 407681**



1. Entity Name  
**DUDA INDUSTRIES, INC.**

Principal Place of Business  
**1975 W. STATE RD 426  
OVIEDO FL 32765  
US**

Mailing Address  
**P.O. BOX 620257  
OVIEDO FL 32762-0257  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1424021**  
Applied For  
 Not Applicable

CHECK HERE IF MAKING CHANGES

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**

**CHAPMAN, TRACY D  
1975 W STATE RD 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!!, FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DV DUDA, ANDREW L. 1975 W STATE RD. 426 OVIEDO FL 32765</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUDA, DAVID J 1975 W STATE RD. 426 OVIEDO FL 32765</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CHAPMAN, TRACY D 1975 WEST STATE RD 426 OVIEDO FL 32765</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP DUDA, FERDINAND S. 1975 W STATE RD. 426 OVIEDO FL 32765</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLARK, HENRY L 1975 W. STATE ROAD 426 OVIEDO FL 32765</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KINDER, MARK 1975 W STATE RD OVIEDO FL 32765</b> <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Ferdinand S. Duda* **REQUIRED** **4/16/03** **(407)365-2111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Ferdinand S. Duda, President** Date Daytime Phone #

CR2E034 (10/02)

Attachment  
10084989  
#407681

DUDA INDUSTRIES, INC.

Federal I.D. No. 59-1424021

ADDITIONAL OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>
WEEKS, Palmer B.	Asst. Secy.	1975 W. State Road 426	Oviedo FL 32765
DUDA, Joseph A.	Director	1975 W. State Road 426	Oviedo FL 32765