2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P0000063935

KUDLA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

9844 BAYBORO BRIDGE DR.

TAMPA FL 33626

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2. Principal Place of Business 9844 Bayboro Bridge 3. Mailing Address 2451 MMullen Booth Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste. City & State Applied For Tampa Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KUDLA, VINCENT R Street Address (P.O. Box Number is Not Acceptable) 9844 BAYBORO BRIDGE DR. **TAMPA FL 33626** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Vincent R.KUDLA KUDLA, VINCENT R NAME 9744 Bayboro Bridge Dr. STREET ADDRESS 9844 BAYBORO BRIDGE DR. STREET ADDRESS CITY-ST-ZIP 33626 Tampa FL TAMPA FL 33626 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition Tracie R. KUDLA NAME 9844 Bazboro Bridge Dr. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Addition

☐ Change

01-31-2001 90278 008 ***150.00