

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90121 040 ***550.00

DOCUMENT # P04000112070

1. Entity Name

JUDIE UDEY, P.A.



Principal Place of Business

160 LAKESIDE WEST
DAYTONA BEACH FL 32128

Mailing Address

160 LAKESIDE WEST
DAYTONA BEACH FL 32128

2. Principal Place of Business

160 LAKESIDE WEST

Suite, Apt. #, etc.

3. Mailing Address

160 LAKESIDE WEST

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

DAYTONA BCH, FL

Zip
32128

Country

VOLUSIA

City & State

DAYTONA BCH, FL

Zip
32128

Country

VOLUSIA

4. FEI Number

20-1468993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UDEY, JUDIE
160 LAKESIDE WEST
DAYTONA BEACH FL 32128

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

SIGNATURE JUDIE UDEY, PRESIDENT

5-19-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE PVP ☐ Delete
NAME UDEY, JUDIE
STREET ADDRESS 160 LAKESIDE WEST
CITY-ST-ZIP DAYTONA BEACH FL 32128

TITLE ST ☐ Delete
NAME UDEY, JUDIE
STREET ADDRESS 160 LAKESIDE WEST
CITY-ST-ZIP DAYTONA BEACH FL 32128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
NAME
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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: Judie G. Udey, P.A., President 5-19-05 386-451-7186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #