

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90102 004 ***150.00

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DOCUMENT # P02000009457

1. Entity Name

GAUDET & KROLLPFEIFFER PUBLIC RELATIONS, INC.



Principal Place of Business

5722 S FLAMINGO ROAD SUITE 107
COOPER CITY FL 33330

Mailing Address

5722 S FLAMINGO ROAD SUITE 107
COOPER CITY FL 33330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. EEL Number

Applied For

Not Applicable

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

GAUDET, MICHELLE

5722 S FLAMINGO ROAD SUITE 107
COOPER CITY FL 33330

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
PSD
GAUDET, MICHELLE
5722 S FLAMINGO ROAD SUITE 107
COOPER CITY FL 33330

☐ Delete

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

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GAUDET, ANDREW
5722 S FLAMINGO ROAD SUITE 107
COOPER CITY FL 33330

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/03

954-647-3405

Date

Daytime Phone #

CR2E034 (4/03)

Attachment # 80146147
GAUDET & KROLLPFEIFFER PUBLIC RELATIONS
PO200009457

August 15th, 2003

To Whom It May Concern:

I never received the original Uniform Business Report notice. Please accept this payment of \$150.00 which would be the original filing fee.

Should you have any questions please do not hesitate to contact me.

Warmest Regards,



Michelle Gaudet

Gaudet & Krollpfeiffer Public Relations