

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90003 040 ***558.75

DOCUMENT # 310929

1. Entity Name

GUDE BROTHERS CONSTRUCTION CO

Principal Place of Business

**PO BOX 1400
 SAN ANTONIO FL 33576-0666
 US**

Mailing Address

**PO BPX 1400
 SAN ANTONIO FL 33576-0666
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1153773

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GUDE, CARL A
 16235 JESSAMINE RD
 DADE CITY FL 33525**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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	D	<input type="checkbox"/> Delete
NAME	GUDE, CARL A	
STREET ADDRESS	16235 JESSAMINE RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUDE, DAN A	
STREET ADDRESS	36 SE 15TH TERRACE	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUDE, MIKE J	
STREET ADDRESS	31101 ST JOE ROAD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUDE, DAVID L	
STREET ADDRESS	16143 JESSAMINE RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUDE, LOUISE L	
STREET ADDRESS	16235 JESSAMINE ROAD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GUDE, TIM M	
STREET ADDRESS	36 SE 15TH TERRACE	
CITY-ST-ZIP	OCALA FL	

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	
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:

NONAGILE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/01

Date

352-588-2750

Daytime Phone #

CR2E034 (5/01)