

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 626782

1. Entity Name

HUDEC ENTERPRISES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90087 004 ***150.00

Principal Place of Business

Mailing Address

295 SUGAR SAND TRAIL
NEW SMYRNA BEACH FL 32168
US

295 SUGAR SAND TRAIL
NEW SMYRNA BEACH FL 32168-9065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1921196

Applied For

Not Applicable

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

HUDEC, EDWARD J
295 SUGAR SAND TRAIL
NEW SMYRNA BEACH FL 32168

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HUDEC, EDWARD J.R.
STREET ADDRESS 295 SUGAR SAND TRAIL
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

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

TITLE SD
NAME WINBIGLER, GAIL C
STREET ADDRESS 5962 SAWGRASS POINT DR
CITY-ST-ZIP PORT ORANGE FL 32124-7079 ☐ Delete

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

TITLE VD
NAME HUDEC, ROBERT A.
STREET ADDRESS 3 RENWICH COURT
CITY-ST-ZIP ROCKVILLE MD ☐ Delete

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

TITLE TD
NAME HUDEC, SUSAN
STREET ADDRESS 3 RENWICH COURT
CITY-ST-ZIP ROCKVILLE MD ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J. HUDEC

4/28/00
Date

904-427-3949
Daytime Phone #

CR2E034 (9/99)