2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 11, 2000 8:00 am Secretary of State **DOCUMENT # F30261** 1. Entity Name DUDCO INC. 04-11-2000 90020 004 ***150.00 Principal Place of Business Mailing Address 4220 N. LAKE VISTA TRAIL 4220 N. LAKE VISTA TRAIL HERNANDO FL 34442-5546 HERNANDO FL 34442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2096326 Not Applicable \$8.7.5 Additional Zip Country Country* 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COHN, DUDLEY Street Address (P.O. Box Number is Not Acceptable) 4220 N. LAKE VISTA TRAIL HERNANDO FL 34442 Zip Code City FL 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 DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. □ Change ■ Addition ☐ Delete TITLE TITLE COHN, DUDLEY NAME NAME STREET ADDRESS 4220 N. LAKE VISTA TRAIL STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **HERNANDO FL 34442** STD ☐ Addition ☐ Delete TITLE Change COHN, EVELYN NAME NAME STREET ADDRESS 4220 N. LAKE VISTA TRAIL STREET ADDRESS CÎTY-ST-ZIP HERNANDO FL 34442 City-SI-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE

13. Thereby 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 EVELYDCOHK changed, or on an attachment with an dress, with all other like e

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

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NAME OF SIGNING OFFICER OR DIREC