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FILE NUW: FILIN **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (2)**DOCUMENT #** 1. Corporation Name ROBERT G. UDELL, P.A. Mailing Address Principal Place of Business 1331 SE OCEAN BLVD 1331 SE OCEAN BLVD STUART FL 34996 STUART FL 34996 3a. Date of Last Report 3. Date Incorporated or Qualified 07/05/1995 08/02/1983 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2229152 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Ζφ ☐ Yes ☐ No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) UDELL, ROBERT G. 82 1331 SE OCEAN BLVD 83 STUART FL 34996 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Note: Bujubout Apod spinico CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1 1 Tiffee TITLE 1.2 NAME UDELL, ROBERT G. NAME 1331 SE OCEAN BLVD 1.3 STREET ADDRESS STREET ADDRESS STUART FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 1 111LF TITLE 2.2 NAME NAME 2.3 STEEFT ACCRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Add-tion Change DELETE 3 1 Till E TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CiTh IST ZIP CITY-ST ZIP Change ☐ Addition DEFETF 4 1 THEF THILE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 200001818352 4.4 CITY S1-7(P) CITY-ST-ZIP -05/13/96--01037--001Change DELETE 5 1 1016 TITLE \*\*\*200.60 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY ST-ZIF CITY - \$1 - 719 Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY - ST - ZiP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an artifices.