

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED
AND
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99 JUN 16 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G52404**
1. Corporation Name
Robert G. Udell, P.A.

Principal Place of Business: **1331 SE Ocean Blvd. STUART, FL 34996**
Mailing Address: **1331 SE Ocean Blvd STUART, FL 34996**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified
8/2/83

4. FEI Number
59-2229152

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**Udell, Robert G.
1331 SE Ocean Blvd.
STUART, FL 34996**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 **5/28/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President Udell, Robert G.	1.2 NAME	
STREET ADDRESS	1331 SE Ocean Blvd.	1.3 STREET ADDRESS	600002918396--3
CITY-ST-ZIP	STUART, FL 34996	1.4 CITY-ST-ZIP	-06/29/99--01039--009
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	****110.00 ****110.00
NAME		2.2 NAME	600002918396--3
STREET ADDRESS		2.3 STREET ADDRESS	-06/29/99--01039--010
CITY-ST-ZIP		2.4 CITY-ST-ZIP	*****40.00 *****40.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

600002918396--3
-06/29/99--01039--009
****110.00 ****110.00
600002918396--3
-06/29/99--01039--010
*****40.00 *****40.00

5/28/99

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: _____ (561) 283-9450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mo Phone #

CR2E034 (1/198)

ROBERT G. UDELL, P.A.

ATTORNEY AT LAW

4331 EAST OCEAN BOULEVARD
STUART, FLORIDA 34996

ADMITTED:
FLORIDA
CALIFORNIA
ILLINOIS

(561) 283-9450
(561) 878-5366
FAX (561) 283-7344

May 28, 1999

Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: ROBERT G. UDELL, P.A. - FEI#: 59-2229152

Dear Sir/Madam:

I called your office when I realized that the Annual Report was due and that I had misplaced the Report form. I was advised that a form would be forwarded to me and it was my understanding that I would not be penalized with a late fee and that the corporation would not be dissolved. I am, therefore, enclosing the following:

1. 1999 Annual Report
2. Check in payment of filing fee

In the event there is an additional fee and/or reinstatement is required, please contact me and I will immediately tender the requested amount and/or comply with the appropriate requirements.

Thank you for your courtesy and assistance.

Very truly yours,

ROBERT G. UDELL

RGU:mlf