

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90058 012 \*\*\*150.00

**DOCUMENT # G94608**

1. Entity Name

**LUDLUM PRODUCTS CO.,**

Principal Place of Business

Mailing Address

**602 BURNS LANE  
 WINTER HAVEN FL 33884**

**602 BURNS LANE  
 WINTER HAVEN FL 33884-1149**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2416586**

Applied For  
 Not Applicable

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

**LUDLUM, KENNETH V.  
 412 SANDESTIN DRIVE  
 WINTER HAVEN FL 33884**

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	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>JENKINS, MICHEAL</b>	
STREET ADDRESS	<b>1054 WALT WILLIAMS RD</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LUDLUM, KENNETH V</b>	
STREET ADDRESS	<b>412 SANDESTIN DR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/2000 863-3258544**  
 Date Daytime Phone #

CR2E034 (9/99)