

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90074 025 ***150.00

DOCUMENT # G95617

1. Entity Name

LUDLUM ASSOCIATES CO.

Principal Place of Business

**330 WINSTON CREEK PARKWAY
 SUITE D
 LAKELAND FL 33810
 US**

Mailing Address

**330 WINSTON CREEK PARKWAY
 SUITE D
 LAKELAND FL 33810-2856
 US**

2. Principal Place of Business

**5446 Highlands Vista Circle
 Suite, Apt. #, etc.**

3. Mailing Address

**PO Box 5768
 Suite, Apt. #, etc.
 Lakeland FL**

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

59-2490482

Applied For

Not Applicable

Zip **33813**

Country

USA

Zip

33810

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JENKINS, MIKE
 330 WINSTON CREEK PARKWAY
 SUITE D
 LAKELAND FL 33810**

7. Name and Address of New Registered Agent

Name **Mike Jenkins (same)**

Street Address (P.O. Box Number is Not Acceptable)

5446 Highlands Vista Circle

City

Lakeland

FL

Zip **33813**

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

Mike Jenkins

4-30-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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

TITLE **P** ☐ Delete
 NAME **JENKINS, MIKE C.**
 STREET ADDRESS **5446 HIGHLANDS VISTA CIRCLE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **ST** ☐ Delete
 NAME **JENKINS, POLLY D.**
 STREET ADDRESS **5446 HIGHLAND VISTA CIRCLE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **V** ☐ Delete
 NAME **JENKINS, DON**
 STREET ADDRESS **2316 S GALLAGHER RD**
 CITY-ST-ZIP **DOVER FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **630 Kirkswood Court**
 CITY-ST-ZIP **Lakeland FL 33813**

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

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

TITLE ☐ Change ☐ 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 reports 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

Date

Daytime Phone #

Mike Jenkins

4-30-00

863-683-0200

CR2E034 19/99