

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G95617

1. Entity Name
LUDLUM ASSOCIATES CO.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90235 009 ***150.00

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
US

00064492



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2825 Parkway Street
Suite, Apt. #, etc.
Suite 12

3. Mailing Address
P O Box 5768
Suite, Apt. #, etc.

City & State
Lakeland FL
Zip 33811 Country USA

City & State
Lakeland FL
Zip 33807 Country USA

4. FEI Number 59-2490482
Applied For
Not Applicable

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
Street Address (P.O. Box Number is Not Acceptable)
2825 Parkway Street
Unit 12
City Lakeland FL Zip Code 33811

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 Mike Jenkins DATE 4/30/01
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P JENKINS, MIKE C. 5446 HIGHLANDS VISTA CIRCLE LAKELAND FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ST JENKINS, POLLY D. 5446 HIGHLAND VISTA CIRCLE LAKELAND FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V JENKINS, DON 2316 S GALLAGHER RD DOVER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 630 Kirkswood Court Lakeland FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mike Jenkins DATE 4/30/01 DAYTIME PHONE # 863-683-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)