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DOCUMENT # H29668

1. Entity Name

TUDOS, INC.

Principal Place of Business

1375 OLD DIXIE HWY
LAKE PARK FL 33403
US

Mailing Address

1375 OLD DIXIE HWY
LAKE PARK FL 33403-1912
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DORAN, JOHN F
11787 TORTLE BEACH RD
N PALM BEACH FL 33408

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	DORAN, JOHN F	
STREET ADDRESS	11781 TORTLE BEACH RD.	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, JR. ZELL	
STREET ADDRESS	2328 10TH VE., N #300	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	RONALD TUPPEN	
STREET ADDRESS	1002 N DIXIE HWY.	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	SHERMAN TUPPEN	
STREET ADDRESS	1002 N DIXIE HWY.	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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

Date

Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-18-2000 90003 036 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2461520

Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required