

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90018 022 ***150.00

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
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2461520**

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

**DORAN, JOHN F
11787 TORTLE BEACH RD
NORTH PALM BEACH FL 33408**

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/14/02
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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**SD
DORAN, JOHN F
11787 TURTLE BEACH RD
NORTH PALM BEACH FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**PD
DAVIS, JR. ZELL
1375 OLD DIXIE HWY
LAKE PARK FL 33403**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**D
TUPPEN, RONALD
1002 N. DIXIE HWY
LAKE WORTH FL 33460**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**D
TUPPEN, SHERMAN
1002 N. DIXIE HWY
LAKE WORTH FL 33460**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

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

1/14/02 **501-848-5898**
Date Daytime Phone #