

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90108 030 ***150.00

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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J19995			
1. Entity Name HADUCH, INC.			
Principal Place of Business 813 E. BLOOMINGDALE SQ SUITE 168 BRANDON, FL 33511 US		Mailing Address 813 E. BLOOMINGDALE SQ SUITE 168 BRANDON, FL 33511 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 59-2666279		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC 526 E PARK AVENUE TALLAHASSEE, FL 32301			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when replacing.) DATE _____			
FILE NOW!!! FEES: \$150.00. After May 14, 2003 Fee will be \$550.00! Make Check Payable to Florida Department of State.			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	P	☐ Delete	
NAME	HADUCH, DIANE T.		
STREET ADDRESS	813 E. BLOOMINGDALE		
CITY-ST-ZIP	BRANDON, FL 33511		
TITLE	VP	☐ Delete	
NAME	HADUCH, RENEE C.		
STREET ADDRESS	813 E. BLOOMINGDALE		
CITY-ST-ZIP	BRANDON, FL 33511		
TITLE	S	☐ Delete	
NAME	HADUCH, EDWARD		
STREET ADDRESS	813 E. BLOOMINGDALE		
CITY-ST-ZIP	BRANDON, FL 33511		
TITLE	T	☐ Delete	
NAME	HADUCH, MICHAEL D.		
STREET ADDRESS	813 E. BLOOMINGDALE		
CITY-ST-ZIP	BRANDON, FL 33511		
TITLE	VP	☐ Delete	
NAME	HADUCH, MICHELE		
STREET ADDRESS	813 E. BLOOMINGDALE		
CITY-ST-ZIP	BRANDON, FL 33511		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. 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			
CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Diane T. Haduch</i> DIANE T. HADUCH 4/9/03 949-951-6898			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			