2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J40929 **DOCUMENT #**

1. Entity Name DUDGEE, INC.



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90201 011 ***150.00

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Principal Place of Business % VICTOR J. MAZZELLA			Mailii % Vi	Mailing Address % VICTOR J. MAZZELLA								
1408 SE 17TH	AVE., SUITE	F	1408	1408 SE 17TH AVE., SUITE F								
CAPE CORAL		,		CAPE CORAL FL 33990					I (ARINIA ANI AIA) KANA ARINA IRISA		### ##################################	
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2. Principal Place of Business				3. Mailing Address					E TORFILM DICL BUDIS BEGIN TOLLO HAN	IB IBili Bilali Bi	811 81 811 F18 11 1	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 59-2735167				pplied For
Zip	ip Country				Cour	untry		5. C	Certificate of Status Desired		\$8.75 Ad Fee Require	ditional
	- 6. Name	and Address of Current	Register	Registered Agent				-7, ₋ N	ame and Address of New R	eaistered .	Agent	
			.	Name			· · · · · ·					
MAZZELLA, VICTOR J.							•					
1408 SE 17TH AVE, STE F				Street			Address (P.O. Box Number is Not Acceptable)					
	RAL FL 339											
3							FL			Zip Coo	ie	
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the obligation	tions of registe	ered agent.	or the bark	oose or changing its	registeri	ed office or re	egistere	a age	ent, or both, in the State of Flo	rida. Tam	amiliar with,	and accept
SIGNATURE		or printed name of registered agent	and title if an	plicable (NOTE	Registere	d Agent signature	required	uhen rein	netating\	DATE		
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F	ILE NOW!!	! FEE IS \$150.00							O Clastica Commissa Sin	!	A E 6	
Afte	r May 1, 200	3 Fee will be \$550.00							 Election Campaign Fin Trust Fund Contribution 	~ _		00 May Be
Make Check	k Payable to	Florida Department o	f State					-	HOST FOLIO CONTINUTION	l. L.	J Adde	o to rees
10.		OFFICERS AND	DIRECTO	I DRS	11.			ADE	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
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12. I hereby o	ertify that the	information supplied with	this filing	does not qualify for	the exer	nption stated	in Sect	ion 11	19.07(3)(i), Florida StatutesI	further cert	ify that the ir	nformation

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: SIGNATURE AND WPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUINICE or J. Mazzella 1/7/03 239-772-2229

Daytime Phone #