## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am

## **DOCUMENT # K53439**

1. Entity Name

RANDY DUDLEY C.L.U., INCORPORATED				Secretary of State 03-20-2000 90077 002 ***150.00	
Principal Place of Business  C/O RANDOLPH G. DUDLEY COCO PALM DRIVE. P.O. BOX 726 BIG PINE KEY FL 33043  2. Principal Place of Business  Suite, Apt. #, etc.		Mailing Address C/O RANDOLPH G. DUDLEY COCO PALM DRIVE. P.O. BOX 726 BIG PINE KEY FL 33043 US			
			g Address		
		Suite,	Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State			4. FEI Number 65-0092448 Applied For Not Applicable
Zip	Country	Zip		Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Curren	Registered	Agent		7. Name and Address of New Registered Agent
DUDLEY, RANDOLPH G. COCO PALM DRIVE BIG PINE KEY FL 33043				Name Street Addres	s (P.O. Box Number is Not Acceptable)
		İ		City	FL Zip Code
9. This corporate Tax filing to	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so.	е	FILE NOW! After MAY 1, 20	E: Registered Agent signature requivers of the register of the	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
11.	OFFICERS AND	DIRECTORS	3	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDLEY, RANDOLPH G. P.O. BOX 726 COCO PALM D BIG PINE KEY FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

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

CITY-ST-ZIP