

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

0197525 AV

DOCUMENT # K91225

1. Entity Name
VOODEN, INC.



04-21-2003 90308 027 ***150.00

Principal Place of Business
**1291 A SO POWERLINE RD
SUITE 101
POMPANO BCH FL 33069
US**

Mailing Address
**1291 A SO POWERLINE RD
SUITE 101
POMPANO BCH FL 33069
US**



2. Principal Place of Business

1201 S. POWERLINE Rd

3. Mailing Address

1201 S. POWERLINE Rd

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

☒ - CHECK HERE IF MAKING CHANGES

City & State

POMPANO BCH FL 33068

City & State

POMPANO BCH FL 33068

4. FEI Number

65-0126160

Applied For

Not Applicable

Zip

33068

Country

USA

Zip

33068

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCADAMS, MARIA N
6656 SW 41 ST
DAVIE FL 33314**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 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	DP	<input type="checkbox"/> Delete
NAME	SUSSMAN, LAURA H	
STREET ADDRESS	1291 A SO POWERLINE RD., SUITE 101	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SUSSMAN, LAURA H	
STREET ADDRESS	1201 S. POWERLINE Rd	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

LAURA H. SUSSMAN

04/15/03

1-800-753-4557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)