

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90035 038 \*\*\*158.75

**DOCUMENT # L24838**

1. Entity Name

**GGD GRUNDBESITZ GEBRUEDER DUDE, INC.**

Principal Place of Business

Mailing Address

~~211 ROYAL POINCIANA~~

~~211 ROYAL POINCIANA~~

~~SUITE A~~

~~SUITE A~~

~~PALM BEACH FL 33480~~

~~PALM BEACH FL 33480~~

~~US~~

~~US~~



2. Principal Place of Business

3. Mailing Address

970 North Congress Ave

970 North Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

West Palm Beach FL

West Palm Beach FL

4. FEI Number

**65-0187179**

Applied For

Not Applicable

33409

Country

USA

33409

Country

USA

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

**DUDE, HAROLD**

Name

Dude, Harold

~~211 ROYAL POINCIANA WAY~~

Street Address (P.O. Box Number is Not Acceptable)

~~STE A~~

~~PALM BEACH FL 33480~~

970 North Congress Ave

West Palm Beach FL

33409

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete  
 NAME **PTS DUDE, HAROLD**  
 STREET ADDRESS **211 ROYAL POINCIANA WAY**  
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☒ Change ☐ Addition  
 NAME **PTS DUDE, HAROLD**  
 STREET ADDRESS **970 North Congress Ave**  
 CITY-ST-ZIP **W. P. B. FL 33409**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD DUDE, PRES 4/17/2002 (561) 712-4622

Date

Daytime Phone #

CR2E034 (9/01)