

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90078 037 \*\*\*158.75

**DOCUMENT # L26853**

1. Entity Name

**FIRST NATIONWIDE DEVELOPMENT CORP.**

Principal Place of Business

**211 ROYAL POINCIANA WAY  
 SUITE A  
 PALM BEACH FL 33480  
 US**

Mailing Address

**211 ROYAL POINCIANA WAY  
 SUITE A  
 PALM BEACH FL 33480  
 US**

2. Principal Place of Business

**970 NORTH CONGRESS AVE  
 Suite, Apt. #, etc.**

3. Mailing Address

**970 NORTH CONGRES AVE  
 Suite, Apt. #, etc.**

City & State

**WEST PALM BEACH, FL**

City & State

**WEST PALM BEACH, FL**

Zip

**33409**

Country

Zip

**33409**

Country

4. FEI Number

**65-0159994**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**EHRENTAUT, FRITZ**

**211 ROYAL POINCIANA WAY  
 SUITE A  
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name

**DUDE, HARALD**

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

**970 NORTH CONGRESS AVE**

City

**WEST PALM BEACH**

FL

Zip Code

**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.

**HARALD DUDE**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/18/2002**

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

TITLE **D** ☐ Delete  
 NAME **DUDE, HARALD**  
 STREET ADDRESS **211 ROYAL POINCIANA WAY, STE. A**  
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
 NAME **DUDE, HARALD**  
 STREET ADDRESS **970 NORTH CONGRESS AVE**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

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

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

TITLE ☐ Change ☐ Addition  
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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 OF HARALD DUDE, PRES.**

**4/18/2002 (561) 712-4622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)