

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90973 035 \*\*\*150.00

**DOCUMENT # P00000031402**

1. Entity Name  
**TY TRUDEAU, D.C., P.A.**



Principal Place of Business  
**2113 CASSIA CIRCLE, E  
KISSIMMEE FL 34741**

Mailing Address  
**2113 CASSIA CIRCLE, E  
KISSIMMEE FL 34741**

70024010



2. Principal Place of Business  
**1045 E. 10th ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**1045 E. 10th ST**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**ST Cloud FL**  
Zip  
**34769**  
Country  
**U.S.**

City & State  
**ST Cloud FL**  
Zip  
**34769**  
Country  
**U.S.**

4. FEI Number **59-3644225**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TRUDEAU, TY  
2113 CASSIA CIRCLE, E  
KISSIMMEE FL 34741**

**7. Name and Address of New Registered Agent**

Name  
**TY Trudeau**  
Street Address (P.O. Box Number is Not Acceptable)  
**1045 E 10th ST**  
City  
**ST Cloud FL** Zip Code  
**34769**

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)

**1-15-03**

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 **D** ☒ Delete  
NAME **TRUDEAU, TY**  
STREET ADDRESS **2113 CASSIA CIRCLE, E**  
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Change ☐ Addition  
NAME **Trudeau, Ty**  
STREET ADDRESS **1045 E. 10th St.**  
CITY-ST-ZIP **St. Cloud, FL 34769**

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

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

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TITLE ☐ Change ☐ 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-20-03**

Date

Daytime Phone #

CR2E034 (10/02)