

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90155 004 ***150.00

DOCUMENT # P00000050544

1. Entity Name
ALGENIB PRUDHOMME, PA.



Principal Place of Business
1247 BRANDY LAKE VIEW CIRCLE
WINTER GARDEN FL 34787

Mailing Address
1247 BRANDY LAKE VIEW CIRCLE
WINTER GARDEN FL 34787

2. Principal Place of Business
1247 Brandy Lake View
Suite, Apt. #, etc.

3. Mailing Address
1247 Brandy Lake View
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Winter Garden
FL

City & State
Winter Garden
FL

4. FEI Number **59-3648942**
Applied For
Not Applicable

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

PRUDHOMME, ALGENIB
1247 BRANDY LAKE VIEW CIRCLE
WINTER GARDEN FL 34787

Name
Street Address (P.O. Box Number is Not Acceptable)
N/A
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 **N/A**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **PRUDHOMME, ALGENIB**
STREET ADDRESS **1247 BRANDY LAKE VIEW CIRCLE**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

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

TITLE **VD** ☐ Delete
NAME **SANCHEZ, JUAN**
STREET ADDRESS **1247 BRANDY LAKE VIEW CIRCLE**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **2/5/03** **(407) 222-9174**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)