

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0507433 AV

DOCUMENT # P00000074617

1. Entity Name
U.D. TESTING, INC.

04-09-2002 90725 026 ***150.00

Principal Place of Business
**950 N. COLLIER BLVD.
SUITE 207
MARCO ISLAND FL 34145**

Mailing Address
**950 N. COLLIER BLVD.
SUITE 207
MARCO ISLAND FL 34145**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-2360454		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MARY CLARY, MARY BETH M ESQ. 5801 PELICAN BAY BLVD. SUITE 300 NAPLES FL 34108-2709				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERNETT, ROBERT <i>Bennett</i>			NAME			
STREET ADDRESS	220 COPPERFIELD CT			STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL 34145			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PODORSKI, ANTHONY			NAME			
STREET ADDRESS	1249 RESERVE DR			STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34292			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALLER, EDMOND <i>Edmund</i>			NAME			
STREET ADDRESS	500 SPRING ST			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE GA 30501			CITY-ST-ZIP			
TITLE	VPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUBY, LAURA			NAME			
STREET ADDRESS	9132 E TUFFS <i>Circle</i>			STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO 80111			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENNETTS, TOMMY <i>Tammy</i>			NAME			
STREET ADDRESS	825 AMBER DR			STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL 34145			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Robert S Bennett* **3/18/02** **941-394-2242**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)