

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90438 033 ***150.00

DOCUMENT # P00000074617

1. Entity Name

U.D. TESTING, INC.



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2360454

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

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

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

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BENNETT, ROBERT
STREET ADDRESS 220 COPPERFIELD CT
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Change ☒ Addition
NAME Kenneth moss
STREET ADDRESS 950 N. Collier Blvd Ste 200
CITY-ST-ZIP Marco Island, FL 34145

TITLE D ☐ Delete
NAME PODORSKI, ANTHONY
STREET ADDRESS 1249 RESERVE DR
CITY-ST-ZIP VENICE FL 34292

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

TITLE D ☒ Delete
NAME WALLER, EDMUND
STREET ADDRESS 500 SPRING ST
CITY-ST-ZIP GAINESVILLE GA 30501

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

TITLE VPT ☐ Delete
NAME RUBY, LAURA
STREET ADDRESS 9132 E TUFF CIRCLE
CITY-ST-ZIP ENGLEWOOD CO 80111

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

TITLE S ☐ Delete
NAME BENNETTS, TAMMY
STREET ADDRESS 961 MAPLE COURT
CITY-ST-ZIP MARCO ISLAND FL 34145

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

TITLE D ☐ Delete
NAME WILLMAN, NORBERT T
STREET ADDRESS 9508 GEORGE WILLIAMS ROAD
CITY-ST-ZIP KNOXVILLE TN 37922

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:

Robert S. Bennett

Robert S. Bennett

4-21-04

239 394-2242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #