

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000074617

Entity Name: U.D. TESTING, INC.

FILED  
May 03, 2009  
Secretary of State

## Current Principal Place of Business:

535 US 41 BY PASS  
BOX #272  
VENICE, FL 34285

## New Principal Place of Business:

## Current Mailing Address:

535 US 41 BY PASS  
BOX #272  
VENICE, FL 34285

## New Mailing Address:

FEI Number: 58-2360454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARY, MARY BETH M ESQ.  
5801 PELICAN BAY BLVD.  
SUITE 300  
NAPLES, FL 341082709 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PODORSKI, ANTHONY  
Address: 1249 RESERVE DR  
City-St-Zip: VENICE, FL 34285

Title: STD ( ) Delete  
Name: TWILLMANN, NORBERT S  
Address: 15143 S. ASBURY ROAD  
City-St-Zip: HARRISON, ID 83833

Title: D ( ) Delete  
Name: BENNETT, CHARLES S  
Address: 3301 BONITA BEACH ROAD #204  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: EVERING, HENRY W  
Address: 2685 MANASOTA BEACH ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete  
Name: WHITTLE, ROGER W  
Address: 8315 SW 84TH PLACE ROAD  
City-St-Zip: OCALA, FL 34481

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BENNETT, CHARLES S  
Address: 4933 TAMiami TRAIL N., SUITE 200  
City-St-Zip: NAPLES, FL 34103

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY F. PODORSKI

PD

05/03/2009

Electronic Signature of Signing Officer or Director

Date