

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112108

1. Entity Name

JUDAL ENTERPRISES, INC.

FILED

Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90185 003 ***158.75

Principal Place of Business

Mailing Address

~~422 SAND CREEK ROAD~~
~~APT. 601~~
~~ALBANY NY 12205~~

~~422 SAND CREEK ROAD~~
~~APT. 601~~
~~ALBANY NY 12205~~

2. Principal Place of Business

1133 BAL HARBOR BLVD

3. Mailing Address

1133 BAL HARBOR BLVD

Suite, Apt. #, etc.

1139-301

Suite, Apt. #, etc.

1139-301

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

Zip

33950

Country

CHARLOTTE

Zip

33950

Country

CHARLOTTE

4. FEI Number

05-1078377

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COURTACCESS CENTERS OF AMERICA, INC.
3249 W. CYPRESS STREET
SUITE C
TAMPA FL 33607

7. Name and Address of New Registered Agent

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.

SIGNATURE

Alvin E. Dunne
Signature, typed or printed name of registered agent and title if applicable.

ALVIN E. DUNNE, Pres

3-24-01

(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)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNNE, ALVIN E	
STREET ADDRESS	422 SAND CREEK ROAD APT. 601	
CITY-ST-ZIP	ALBANY NY 12205	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNNE, JUDITH A	
STREET ADDRESS	422 SAND CREEK ROAD APT. 601	
CITY-ST-ZIP	ALBANY NY 12205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNE, ALVIN E	
STREET ADDRESS	1133 BAL HARBOR BLVD # 1139-301	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNE, JUDITH A	
STREET ADDRESS	1133 BAL HARBOR BLVD # 1139-301	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alvin E. Dunne
ALVIN E. DUNNE

Date

3-24-01

Daytime Phone #

(727) 742-2774

CR2E034 (10/00)