

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90197 048 ***150.00

DOCUMENT # P01000007705

1. Entity Name
UCLULET, INC.



Principal Place of Business
**505 AVENUE A. NW, SUITE 102
WINTER HAVEN FL 33881**

Mailing Address
**505 AVENUE A. NW, SUITE 102
WINTER HAVEN FL 33881**

2. Principal Place of Business
1401 MICHIGAN AVE

3. Mailing Address
1401 MICHIGAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. CLOUD FL

City & State
ST. CLOUD FL

4. FEI Number **59-3701310**

Applied For
Not Applicable

Zip Country
34769 OSCEOLA

Zip Country
34769 OSCEOLA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HALL, DOUGLAS K
505 AVENUE A, NW, SUITE 102
WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name **DOROTHY J. LUBERDA**

Street Address (P.O. Box Number is Not Acceptable)

1401 MICHIGAN AVE

City **ST. CLOUD**

FL

Zip Code **34769**

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 *Dorothy J. Luberd*

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

(NOTE: Registered Agent signature required when reinstating)

4/8/03

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **O'DOHERTY, TOM**
CITY-ST-ZIP **SUNSET HEIGHTS, KELLS
CO MEATH, IRELAND**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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: *P. B. SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03

Date

407-892-8527

Daytime Phone #

CR2E034 (10/02)