

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 01, 2002 8:00 am
Secretary of State

05-17-2002 90030 015 ***150.00

DOCUMENT # P01000045638

1. Entity Name
JUDE GUE AND SERVICES, INC.

Principal Place of Business **Mailing Address**
8370 NW 21 STREET **8370 NW 21 STREET**
SUNRISE FL 33322 **SUNRISE FL 33322**

2. Principal Place of Business **3. Mailing Address**
8370 N.W 21 Street **8370 NW 21 Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Sunrise FL **Sunrise FL**
Zip **Zip**
33322 **33322**
Country **Country**
Browards **Browards**

4. FEI Number **Applied For**
65-1100869 **Not Applicable**

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

6. Name and Address of Current Registered Agent
GUE, JUDE
8370 NW 21 STREET
SUNRISE FL 33322

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 *Jude Gue*

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

(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 \$150.00
After May 1, 2002 Fee will be \$350.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GUE, JUDE	8370 NW 21 STREET	SUNRISE FL 33322	<input type="checkbox"/>
D	Jude Gue	8370 NW 21 Street	Sunrise, FL 33322	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Jude Gue*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *6/20/02* Daytime Phone #

37057



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)