

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90361 012 ***150.00

DOCUMENT # P01000087646

1. Entity Name
OU DI IS, INC.

Principal Place of Business

1923 SE 4TH STREET
 CAPE CORAL FL 33909

Mailing Address

1923 SE 4TH STREET
 CAPE CORAL FL 33909

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

65-1137079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LARROW, PAUL L
3501-302 DEL PRADO BLVD.
CAPE CORAL FL 33904

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. 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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 type="checkbox"/> Delete
NAME	OU DI, CHANDRA G
STREET ADDRESS	1923 SE 4TH STREET
CITY-ST-ZIP	CAPE CORAL FL 33909
TITLE	D <input type="checkbox"/> Delete
NAME	OU DI, RODNEY R
STREET ADDRESS	1923 SE 4TH STREET
CITY-ST-ZIP	CAPE CORAL FL 33909
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 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
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STREET ADDRESS	
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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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Rodney R. Oudi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/02

Date

Signature Required

CR2E034 (4/02)

Florida Dept of State

Katherine Harris
Secretary of State

Division of Corporation
P.O.Box 6327
Tallahassee, FL 32314

Attachments

#PO1000087646
12/089

OUDE IS, INC

1923 SE 4th ST
Cape Coral
FL 33990
7/12/02

Dear Sir/Madam,

This is the First Year that we have been in Business and this is the First time that have received the Uniform Business Report. The registered agent and officers are correct. Please waived a Penalty. We plan to fully comply with your Dept. Enclosed is a check for \$150.

Thanks for your cooperation in this matter.

Sincerely

Chandra Oudi(officer)

Chandra Oudi

Rodney Oudi(officer)

Rodney Oudi