


2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 29 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000101903	
1. Entity Name LUDESSE, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2206 Adams Street Suite, Apt. #, etc. Apt. 7A		3. Mailing Address 2206 Adams Street Suite, Apt. #, etc. Apt. 7A		REINSTATEMENT DO NOT WRITE IN THIS SPACE 03
City & State Hollywood, FL		City & State Hollywood, FL		
Zip 33020	Country USA	Zip 33020	Country USA	4. FEI Number 51-0427663
				Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Michel Ludesse

Street Address (P.O. Box Number is Not Acceptable)
2206 Adams Street

Apt. 7A

City
Hollywood, FL Zip Code
33020

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

Ludesse Michel

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PSTD Michel Ludesse 2206 Adams Street, Apt 7A Hollywood, FL 33020	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	10/23/03-01016-011 \$150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ludesse Michel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/03

Daytime Phone #

CR2E034B (12/02)

LUDESSE, INC.
2206 ADAMS STREET
APT 7A
HOLLYWOOD, FL 33020

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 22, 2003

RE: UNIFORM BUSINESS REPORT
LUDESSE, INC.
DOCUMENT # P02000101903
F.E.I.N. # 51-0427663

Dear Sir/Madam:

Please be advised that we did not receive the pre printed/original Uniform Business Report Packet for 2003 for the above-mentioned corporation.

Enclosed please find a check in the amount of \$150.00 for the original fee with the signed report.

Thank you for your cooperation in this matter.

Sincerely,



Michel Ludesse
President