



FILED
Jan 13, 2004 8:00 am
Secretary of State

(b) (7)(C), (b) (7)(D)

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|---|--|---|---|--|--|
| DOCUMENT # P03000137232 | |  | | 01-13-2004 90012 013 ***150.00 | |
| 1. Entity Name JEFF LUDWIG, P.A. | | | | | |
| Principal Place of Business 3230 WYNSTONE COURT SEBRING, FL 33872 | | Mailing Address 3230 WYNSTONE COURT SEBRING, FL 33872 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01062004 Chg-P CR2E034 (10/03) | |
| City & State | | City & State | | 4. FEI Number 20-0443166 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JAMES F. MCCOLLUM, P.L. 129 SOUTH COMMERCE AVENUE SEBRING, FL 33870 | | 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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LUDWIG, JEFFREY K 3230 WYNSTONE COURT SEBRING, FL 33872 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ | | 1/6/04 863/385-518 | | | |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | | | |