

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P06000154003

1. Entity Name
U DOLLAR PLUS, INC OF PUNTA GORDA



Principal Place of Business
5240 DUNCAN ROAD
UNIT 2-A
PUNTA GORDA, FL 33982 US

Mailing Address
6170 ACORN BLVD
PUNTA GORDA, FL 33982 US



03102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8529467

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MENENDEZ, YANET
6170 ACORN BLVD
PUNTA GORDA, FL 33982

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME MENENDEZ, YANET
STREET ADDRESS 27670 BERMONT RD, UNIT B-1
CITY-ST-ZIP PUNTA GORDA, FL 33982

TITLE VP
NAME MENENDEZ, YOEL
STREET ADDRESS 2823 NW JUANITA PL
CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000859785
04/02/08-80036-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/08

941-639-1255