

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # 093000019140

1. Entity Name

DUDE-N-BRAH INC

02 NOV 26 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

114 AMBERTACK TR.

Suite, Apt. #, etc.

3. Mailing Address

1 DOGWOOD DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT WALTON BEACH

City & State

SHALIMAR FL

4. FEI Number

59-3169936

Applied For

Not Applicable

Zip

32548

Country

USA FL

Zip

32579

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CHRIS SEHMAN

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

1 DOGWOOD DR.

SHALIMAR FL

City

FL

Zip Code  
32579

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.

SIGNATURE

CHRISTOPHER SEHMAN

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

(NOTE: Registered Agent signature required when reinstating)

11/15/02

DATE

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

☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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	BO, VP, T, S
NAME	CHRIS SEHMAN
STREET ADDRESS	1 DOGWOOD DR.
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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200009216172  
11/26/02--01016--006 \*\*150.00

DO NOT WRITE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS SEHMAN

11/15/02 850-582-6996

Date

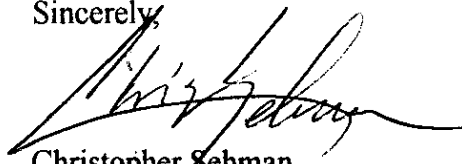
Daytime Phone #

CR2E034B (12/01)

Dear Department of State,

Enclosed is the completed annual report form for Dude-n-Brah Inc. for 2002. I have not received the actual form via the mail for the last two years. Over that time both my business and residential addresses have changed twice as my family has grown and I have opened and closed two businesses. I do believe the address you have on file is non-existent, as my previous location was demolished for high-rise condominium. The addresses and contacts supplied on the form are current and hopefully permanent. Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Sehman", written over a horizontal line.

Christopher Sehman  
President, Dude-n-Brah Inc.