

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 24, 2002 8:00 am  
Secretary of State

02-24-2002 90074 050 \*\*\*150.00

**DOCUMENT # P94000019999**

1. Entity Name  
**TU DO ENTERPRISES, INC.**

Principal Place of Business

6289 BERTRAM DRIVE  
ROCKLEDGE FL 32955

Mailing Address

6289 BERTRAM DRIVE  
ROCKLEDGE FL 32955

2. Principal Place of Business

1409 California Dr.  
Suite, Apt. #, etc.

3. Mailing Address

1409 California Dr.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Melbourne, FL

City & State  
Melbourne, FL

4. FEI Number  
59-3229297

Applied For  
Not Applicable

Zip  
32940

Country

Zip  
32940

Country  
USA

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

6. Name and Address of Current Registered Agent

CLEVENGER, GARY L  
6289 BERTRAM DRIVE  
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name  
Levan Clevenger

Street Address (P.O. Box Number is Not Acceptable)  
1409 California Dr.

City Melbourne FL Zip Code 32940

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

*Levan Clevenger*

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/07/002*

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEVENGER, GARY L 6289 BERTRAM DRIVE ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	x P CLEVENGER, LEVAN 6289 BERTRAM DRIVE ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Levan Clevenger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/07/002*

CR2E034 (9/01)