

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000073813

1. Entity Name

LUDWIG BUILDERS & GENERAL CONTRACTORS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90053 022 ***150.00

Principal Place of Business

Mailing Address

10110 EAST BROADVIEW DR.
 BAY HARBOR ISL. FL 33154

P.O. BOX 0087
 KENANSVILLE FL 34739-0087
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0540241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUDWIG, ROBERT
 10110 EAST BROADVIEW DR.
 BAY HARBOR ISL. FL 33154

Name

LUDWIG, ROBERT
 Street Address (P.O. Box Number is Not Acceptable)
 174 PARK DR.

City

BAY HARBOR

FL

Zip Code

33154

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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, 2000 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 ☐ Delete
 NAME P
 STREET ADDRESS LUDWIG, ROBERT
 CITY-ST-ZIP 10110 EAST BROADVIEW DR.
 BAY HARBOR ISL. FL 33154

TITLE ☒ Change ☐ Addition
 NAME P
 STREET ADDRESS LUDWIG, ROBERT
 CITY-ST-ZIP 174 PARK DR.
 BAY HARBOR, FL 33154

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

CR2E034 (9/99)