

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # P94000073813

1. Entity Name
LUDWIG BUILDERS & GENERAL CONTRACTORS, INC.

Principal Place of Business
10110 EAST BROADVIEW DR.
BAY HARBOR ISL. FL 33154

Mailing Address
P.O. BOX 0087
KENANSVILLE 34739 US FL

2. Principal Place of Business
702 CANOE CREEK RD

3. Mailing Address

Suite, Apt. #, etc.
B

Suite, Apt. #, etc.

City & State
KENANSVILLE FL

City & State

Zip
34739

Country

Zip

Country

4. FEI Number
65-0540241

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUDWIG ROBERT
124 PARK DRIVE
BAY HARBOR ISL. FL 33154

7. Name and Address of New Registered Agent

Name
LUDWIG ROBERT

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

City
BAL HARBOUR 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 _____ DATE 04/26/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33154	Delete
		LUDWIG ROBERT	174 PARK DRIVE	BAY HARBOR ISL.			<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33154	Change	Addition
		LUDWIG ROBERT	174 PARK DRIVE	BAL HARBOUR.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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: ROBERT P. LUDWIG

PRES 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)