

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90384 036 ***550.00

DOCUMENT # P95000078046

1. Entity Name

JUDAH ENTERPRISES, INC.

Principal Place of Business

**24181 HARBOR VIEW RD
 PORT CHARLOTTE FL 33980
 US**

Mailing Address

**PO BOX 4043
 PORT CHARLOTTE FL 33949
 US**

2. Principal Place of Business

3. Mailing Address

**PO BOX 51144
 Suite, Apt. #, etc.
 Punta Gorda, FL.
 City & State
 33951-1144**

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

USA

4. FEI Number

65-0657723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WYNN, CHERYL G
 24181 HARBOR VIEW RD
 PORT CHARLOTTE FL 33980**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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

TITLE **CEO** ☐ Delete
 NAME **WYNN, CHERYL G**
 STREET ADDRESS **24181 HARBOR VIEW RD**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **P** ☐ Delete
 NAME **MILLS, CECILIA**
 STREET ADDRESS **3740 TANGIER TERRACE**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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

CHERYL G. WYNN, CEO

6-11-02

941-766-8126

Date

Daytime Phone #

CR2E034 (9/01)