

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90298 003 ***150.00

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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 511144
PUNTA GORDA FL 33951-1144
US**



2. Principal Place of Business
4460 BELFOUNTAIN ST.

3. Mailing Address
Same

Suite, Apt. #, etc.
Port Charlotte, FL

Suite, Apt. #, etc.

City & State
33948

City & State

Zip
U.S.A.

Zip

Country

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

7. Name and Address of New Registered Agent

**WYNN, CHERYL G
24181 HARBOR VIEW RD
PORT CHARLOTTE FL 33980**
**4460 BELFOUNTAIN ST.
Port Charlotte, FL
33948**

Name
Street Address (P.O. Box Number is Not Acceptable)
4460 BELFOUNTAIN ST.
City **Port Charlotte** FL Zip Code **33948**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Cheryl G. Wynn**
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-23-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Cheryl G. Wynn** **4-23-03** **941-7668126**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)