## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000025735 (7) **DOCUMENT #** 

**UDO INCORPORATED** 

Principal Place of Business 15307 CARROLLTON LANE

Mailing Address

**FILED** Jan 28 1998 8:00am Secretary of State



15307 CARROLLTON LANE TAMPA FL 33624 **TAMPA FL 33624** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1996 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 26 59-3373765 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes ☐ No 25 29 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JANSEN, KIMBERLY T 15307 CARROLLTON LN Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33624 83 Zip Code 84 85 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE 1.1 TITLE Change \_\_\_\_ Addition TIFLE JANSEN, KIMBERLY T 1.2 NAME CR2E034 NAME 15307 CARROLLTON LN 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY-ST-7IP CITY - ST - ZIP DELETE Change \_\_\_ Addition 2.1 TITLE TITLE NAME JANSEN, MICHAEL U 2.2 NAME 15307 CARROLLTON LN 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE I Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY - ST - ZIP Change Addition \_\_\_ DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: