## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 29, 2001 8:00 am DOCUMENT # P96000077865 **Secretary of State** JAMES J. AUDET, CORP. 03-29-2001 91013 002 \*\*\*150.00 Principal Place of Business Mailing Address 3606XXXIMIRALX XVAY YAWASIASHMORXSOER **9EKBAX X8AGX XXXXXXXXXX** <del>₽₽₩</del>₩₩₩₩₩₩₩₩ 734949 2. Principal Place of Business 3. Mailing Address SAME AS 2 2215 Cypress Island Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Apt.\_ 101 City & State Applied For City & State 4. FEI Number 65-0697662 Not Applicable Pompano Beach, Fl Country \$8.75 Additional 5. Certificate of Status Desired 33069 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Audet James J. AUDET, JAMES J Street Address (P.O. Box Number is Not Acceptable) 2215 Cypress Island Dr. RELRAYXBEAOHXFIX 83486X8828 X X City 33069 Pompano Beach 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 1 FILE NOW!!! FEE IS \$150.00-9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State √ OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Delete TITLE Audet, James J. AUDET, JAMES J NAME 2215 Cypress Island Dr. - Apt.101 STREET ADDRESS STREET ADDRESS Pompano Beach, FL 33069 CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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 eath; 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

SAMES 5. AUDET/03-26-01

IGNING OFFICER OR DIRECTOR

Date

Daytime Phone #