

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077865

1. Entity Name
JAMES J. AUDET, CORP.



FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90115 028 ***150.00

017409 AV

Principal Place of Business
2215 CYPRESS ISLAND DRIVE APT 101
POMPANO BEACH FL 33069

Mailing Address
2215 CYPRESS ISLAND DRIVE APT 101
POMPANO BEACH FL 33069



ADDRESS ONLY
☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1939 S. OCEAN BLVD
Suite, Apt. #, etc. 216

3. Mailing Address
1939 S. OCEAN BLVD
Suite, Apt. #, etc. 216

City & State
POMPANO BEACH FL

City & State
POMPANO BCH, FLA

4. FEI Number 65-0697662
Applied For
☐ Not Applicable

Zip 33062 Country USA

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

6. Name and Address of Current Registered Agent
AUDET, JAMES J
2215 CYPRESS ISLAND DRIVE APT 101
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent
Name JAMES J. AUDET
Street Address (P.O. Box Number is Not Acceptable)
1939 S. OCEAN BLVD
APT 216
City POMPANO BEACH FL Zip Code 33062

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 JAMES J. AUDET (NOTE: Registered Agent signature required when reinstating)
DATE 3-31-03

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	
TITLE	D
NAME	AUDET, JAMES J
STREET ADDRESS	2215 CYPRESS ISLAND DRIVE APT 101
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	JAMES J. AUDET
NAME	1931 S. OCEAN BLVD APT 216
STREET ADDRESS	POMPANO BCH FL 33062
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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: 3-31-03 954-5930775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)