

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000101761**1. Entity Name
LUDEL INVESTMENT CORPORATION**FILED**
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90091 027 ***150.00

Principal Place of Business

Mailing Address

**7 WINDING CREEK WAY
ORMOND BEACH FL 32174****7 WINDING CREEK WAY
ORMOND BEACH FL 32174-6775**

2. Principal Place of Business

5 HIGH BLUFF WAY

Suite, Apt. #, etc.

3. Mailing Address

5 High Bluff Way

Suite, Apt. #, etc.

A0059528

DO NOT WRITE IN THIS SPACE

City & State
ORMOND BEACH FLCity & State
ORMOND BEACH FL4. FEI Number **59-3423382**Applied For
Not ApplicableZip
32174Country
VOLUNSAZip
32174

Country

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

**DELONE, PETER L
19 WINDING CREEK WAY
ORMOND BEACH FL 32174**

Name

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

5 HIGH BLUFF WAYCity **ORMOND BEACH****FL**Zip Code
32174

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

(NOTE: Registered Agent signature required when reinstating)

(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. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD** ☐ Delete
NAME **DELONE, PETER L**
STREET ADDRESS **19 WINDING CREEK AY**
CITY-ST-ZIP **ORMOND BEACH FL 32174**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5 HIGH BLUFF WAY**
CITY-ST-ZIP **ORMOND BEACH FL 32174**TITLE **PSD** ☐ Delete
NAME **LUDECKE, GARY**
STREET ADDRESS **19 WINDING CREEK AY**
CITY-ST-ZIP **ORMOND BEACH FL 32174**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5 HIGH BLUFF WAY**
CITY-ST-ZIP **ORMOND BEACH FL 32174**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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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

Date

Daytime Phone #

4/10/00 204 672-2807

CR2E034 (9/99)