FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91008 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008400

1. Entity Name
UGALDE ENTERPRISES, INC.

70054030

Principal Place of Business	Mailing Address
3560-A DELOACH STREET PENSACOLA, FL 32514	P.O. BOX 10070 PENSACOLA, FL 32524 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	PO BOX 11186
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State PENSACOLA, FL
Zip / Country	Zip 32524 / Country ESCAMBIA

4. FEI Number 59-3470724 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CALDERON, MARIA
3560-A DELOACH STREET
PENSACOLA, FL 32514

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 Maria Calderon
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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: PD NAME: UGALDE, THELMA STREET ADDRESS: 3560-A DELOACH STREET CITY-ST-ZIP: PENSACOLA, FL 32514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: VD NAME: LOPEZ, DAFNE STREET ADDRESS: 3560-A DELOACH STREET CITY-ST-ZIP: PENSACOLA, FL 32514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: SD NAME: CALDERON, MARIA STREET ADDRESS: 3560-A DELOACH STREET CITY-ST-ZIP: PENSACOLA, FL 32514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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: Maria Calderon 4/26/03 850 2920359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)