

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033436

1. Entity Name
NAUDY INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90037 001 ***150.00

Principal Place of Business

Mailing Address

1325 W WASHINGTON ST
SUITE A-5
ORLANDO FL 32805

4540 CHATEAU RD
ORLANDO FL 32808

00016800

2. Principal Place of Business

3. Mailing Address

7396 Lazy Hill Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

4. FEI Number 59-3433016

Applied For

Not Applicable

Zip

Country

32808

Country

USA

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

JEAN-BAPTISTE, RENAUD
1325 W. WASHINGTON ST
STE A-5
ORLANDO FL 32805

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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 PD
NAME RENAUD, JEAN-BAPTISTE
STREET ADDRESS 1325 W. WASHINGTON ST, STE A-5
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE O
NAME JEAN BAPTISTE, EDITHE L
STREET ADDRESS 4540 CHATEAU RD
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 persons empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01

(407) 4819 983

Date

Daytime Phone #

CR2F034 (10/00)

0066596