

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

DOCUMENT # P97000053606

1. Entity Name
PATRICK DUDE COMPANY

Principal Place of Business Mailing Address
~~500 S. AUSTRALIAN AVE., SUITE 110~~ ~~500 S. AUSTRALIAN AVE., SUITE 110~~
~~W. PALM BEACH FL 33401~~ ~~W. PALM BEACH FL 33401-6246~~

2. Principal Place of Business 3. Mailing Address
211 Royal Poinciana Way **211 Royal Poinciana Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite A **Suite A**

City & State City & State
PALM BEACH FL **PALM BEACH FL**
 Zip Country Zip Country
33480 USA **33480 USA**

[Handwritten mark]



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0773750** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DUDE, HARALD
~~500 S. AUSTRALIAN AVE., SUITE 110~~
~~W. PALM BEACH FL 33401~~

7. Name and Address of New Registered Agent
 Name **HARALD DUDE**
 Street Address (P.O. Box Numbers Not Acceptable)
211 Royal Poinciana Way
Suite A
 City **PALM BEACH FL** Zip Code **33480**

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]* DATE **4-12-2000**
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, 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	D <input type="checkbox"/> Delete
NAME	DUDE, PATRICK
STREET ADDRESS	500 S. AUSTRALIAN AVE., SUITE 110
CITY-ST-ZIP	W. PALM BEACH FL 33401
TITLE	D <input type="checkbox"/> Delete
NAME	DUDE, HARALD
STREET ADDRESS	500 S. AUSTRALIAN AVE., SUITE 110
CITY-ST-ZIP	W. PALM BEACH FL 33401
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	211 Royal Poinciana Way Suite A
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	211 Royal Poinciana Way Suite A
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200003283212 - 1
STREET ADDRESS	-06/03/00--01084--008
CITY-ST-ZIP	***1270.00 ****150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *[Signature]* **REQUIRE HARALD DUDE, Director** **4-14-2000** **561-833 4433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)