

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91464 028 ***158.75

DOCUMENT # P97000053606

1. Entity Name

PATRICK DUDE COMPANY

Principal Place of Business

~~211 ROYAL POINCIANA WAY~~
~~SUITE A~~
~~PALM BEACH FL 33480~~

Mailing Address

~~211 ROYAL POINCIANA WAY~~
~~SUITE A~~
~~PALM BEACH FL 33480~~

2. Principal Place of Business

970 North Congress Ave

3. Mailing Address

970 North Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33409

Country

USA

Zip

33409

Country

USA

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

~~211 ROYAL POINCIANA WAY~~

~~SUITE A~~

~~PALM BEACH FL 33480~~

7. Name and Address of New Registered Agent

Name **DUDE, HARALD**

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

970 NORTH CONGRESS AVE.

City

WEST PALM BEACH

FL

Zip Code

33409

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, 2002 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** ☐ Delete
 NAME **DUDE, PATRICK**
 STREET ADDRESS **211 ROYAL POINCIANA WAY, STE. A**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☒ Change ☐ Addition
 NAME **DUDE, PATRICK**
 STREET ADDRESS **970 NORTH CONGRESS AVENUE**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **D** ☐ Delete
 NAME **DUDE, HARALD**
 STREET ADDRESS **211 ROYAL POINCIANA WAY, STE. A**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☒ Change ☐ Addition
 NAME **DUDE, HARALD**
 STREET ADDRESS **970 NORTH CONGRESS AVENUE**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE ☐ Delete
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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 information empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)