

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067981

1. Entity Name

LADWIG HOLDINGS, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90024 040 ***150.00

Principal Place of Business

1971 S.W. BILTMORE STREET
PORT ST. LUCIE FL 34953

Mailing Address

1971 S.W. BILTMORE STREET
PORT ST. LUCIE FL 34953

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0416097

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRARY, LAWRENCE E III
555 COLORADO AVENUE
SUITE 1
STUART FL 34994

7. Name and Address of New Registered Agent

Name
JOEL M. LADWIG
Street Address (P.O. Box Number is Not Acceptable)
5236 W BROADMOOR
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LADWIG, JOEL M
5236 W BROADMOOR
JACKSON MI 49201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LADWIG, ROBYN N
5236 W BROADMOOR
JACKSON MI 49201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY - ST - ZIP
☐ Change ☐ Addition

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:

JOEL M. LADWIG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01

Date

541-789-6263

Daytime Phone #

0563619

CR2E034 (10/00)