

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 12, 2000 8:00 am
Secretary of State

03-28-2000 90065 004 ***158.75

DOCUMENT # P98000093226

1. Entity Name

TUDIS PROPERTIES, INC.

Principal Place of Business

**3340 SE FEDERAL HWY
 #216
 STUART FL 34997**

Mailing Address

**3340 SE FEDERAL HWY
 #216
 STUART FL 34997-4914**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**HARVIN, WESLEY R
 900 E. OCEAN BLVD. #B-210
 STUART FL 34994**

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.

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, 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

TITLE **D** ☐ Delete
 NAME **NELSON, TERRY A**
 STREET ADDRESS **3340 S.E. FEDERAL HWY. #216**
 CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/V/T/D/M** ☐ Change ☒ Addition
 NAME **NELSON, TERRY A.**
 STREET ADDRESS **3340 SE FED HWY #216**
 CITY-ST-ZIP **STUART, FL 34997**

TITLE **NELSON, MEGAN C. (S/D)** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **3340 SE FED HWY #216**
 CITY-ST-ZIP **STUART, FL 34997**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

TERRY A. NELSON (TERRY A. NELSON) 3-24-00 561-287-3858

CR2E034 (9/99)