

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072570

1. Entity Name
EXIDOS, INC.

Principal Place of Business
4445 ORTEGA FOREST DR
JACKSONVILLE FL 32210

Mailing Address
P.O. BOX 380078
JACKSONVILLE FL 32205

2. Principal Place of Business

3. Mailing Address

4445 Ortega Forest Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville FL

Zip

Country

Zip
32210

Country

Duval

4. FEI Number 59-3595985

Applied For
Not Applicable

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

LUDWIG, JEFFREY R P.A.
6620 SOUTHPOINT DR., SOUTH, STE.200
JACKSONVILLE FL 32216

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 

(NOTE: Registered Agent signature required when reinstating)

3/19/01

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 NAME STREET ADDRESS CITY-ST-ZIP	P HOLLAND, ROB 4445 ORTEGA FOREST DR JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

904-388-3165

Daytime Phone #

0012053

CR2E034 (10/00)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-16-2001 90058 046 ***150.00



DO NOT WRITE IN THIS SPACE