

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90109 025 \*\*\*150.00

**DOCUMENT # P99000094825**

1. Entity Name  
**KUDESNIK, INC.**

Principal Place of Business      Mailing Address

P.O. BOX 110386      P.O. BOX 110386  
 PALM BAY FL 32911      PALM BAY FL 32911-0386

2. Principal Place of Business      3. Mailing Address

**533 Madrigal Ct**      **P.O. BOX 677095**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FE Number

**Orlando, FL**      **ORLANDO, FL**      **59-3727811**

Zip      Country      Zip      Country

**32825**      **USA**      **32867**      **USA**



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

**PROHOROV, VICTOR**  
**1079 GLENCOVE AVE.**  
**PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name **PROHOROV, VICTOR**

Street Address (P.O. Box Number is Not Acceptable)  
**654 ASCOT CIR**

City **Orlando**      FL      **32825**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>Victor Prohorov</b> <b>General manager.</b> <b>654 ascot cir. Orlando FL 32825</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** \_\_\_\_\_ **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)