

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90211 022 ***150.00

DOCUMENT # P99000102256

1. Entity Name

DR. SUDS, INC.



Principal Place of Business
P.O. BOX 555849
ORLANDO FL 32855-5849

Mailing Address
P.O. BOX 555849
ORLANDO FL 32855-5849

2. Principal Place of Business

3. Mailing Address

717 E. Oak Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Kissimmee, FL

Zip

Country

Zip

Country

34744

USA

4. FEI Number **59-3610774**

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

BAUMRUK, ANDREW J CPA
717 E. OAK ST.
KISSIMMEE FL 34744

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	D,P,T
NAME	MICHAEL, KEVIN	NAME	D,P,T
STREET ADDRESS	1649 SHADOW OAKS RD.	STREET ADDRESS	133 Main Street
CITY-ST-ZIP	KISSIMMEE FL 34744	CITY-ST-ZIP	Windemere, FL 34786
TITLE	D	TITLE	D,VP,S
NAME	MICHAEL, ROBERT KYLE	NAME	D,VP,S
STREET ADDRESS	12862 NEW YORK WOODS CIRCLE	STREET ADDRESS	D,VP,S
CITY-ST-ZIP	ORLANDO FL 32824	CITY-ST-ZIP	D,VP,S
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-03 3213238940

CR2E034 (10/02)