

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102542

1. Entity Name

LUDICKE INVESTMENTS CORP.

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90031 034 ***550.00

Principal Place of Business

2124 N.E. 123ST., #206
 N. MIAMI FL 33181

Mailing Address

2124 N.E. 123ST., #206
 N. MIAMI FL 33181

A0085117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2124 NE 123rd St

Suite, Apt. #, etc.

210

City & State

N. Miami FL

Zip

33181

Country USA

3. Mailing Address

2124 NE 123rd St

Suite, Apt. #, etc.

210

City & State

N. Miami FL

Zip

33181

Country USA

4. FEI Number

65-0961898

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LUDICKE, ROBERT E
 2124 N.E. 123ST., #206
 N. MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2124 NE 123rd St.

Suite 210

City

North Miami

FL

Zip Code

33181

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

Robert E. Ludicke
 Signature, typed or printed name of registered agent and title if applicable.

Allison Ludicke VP
 (NOTE: Registered Agent signature required when reinstating)

DATE

9-5-01

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	PD	<input type="checkbox"/> Delete
NAME	LUDICKE, ROBERT E	
STREET ADDRESS	2124 N.E. 123ST., #206	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JUSTA, ALLISON E	
STREET ADDRESS	2124 N.E. 123ST., #206	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2124 NE 123rd St #210	
CITY-ST-ZIP	N. Miami, FL 33181	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2124 NE 123rd St, #210	
CITY-ST-ZIP	N. Miami, FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Robert E. Ludicke *Allison Ludicke VP* 9-5-01 8934955
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)