## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED DOCUMENT # V36454** Apr 12, 2000 8:00 am Secretary of State HUDEK AND COMPANY, INC. 04-12-2000 90008 001 \*\*\*150.00 Principal Place of Business Mailing Address 1308 ARAPAHO ST 106 COMMERCE WAY JUPITER FL 33458-3902 STE B3 JUPITER FL 33458 3. Mailing Address 2. Principal Place of Business 254 Sussex CIR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0334440 UPITER , FL Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 33453 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHITE, CHARLES R.L. Street Address (P.O. Box Number is Not Acceptable) 725 N A1A **STE E102** JUPITER FL 33477 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE HUDEK, DANIEL J. NAME 254 BUSSEY CIR 1308 ARAPAHO STREET STREET ADDRESS STREET ADDRESS 8 JUPITER FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE HUDEK, GLORY J. NAME NAME 254 SUSSEX CIR STREET ADDRESS 1308 ARAPAHO STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter Fl ☐ Change Addition Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP D' Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CELORY V HUDE