

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

DOCUMENT # P0000063935 1. Entity Name KUDLA ENTERPRISES, INC.					
Principal Place of Business 14260 CARLSON CIRCLE TAMPA, FL 33626		Mailing Address 14260 CARLSON CIRCLE SUITE 268 TAMPA, FL 33626			
2. Principal Place of Business 8309 GUNN HWY <small>Suite, Apt. #, etc.</small>		3. Mailing Address 8309 GUNN HWY <small>Suite, Apt. #, etc.</small>			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 59-3654332 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip 33626 Country USA		Zip 33626 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent KUDLA, VINCENT R 14260 CARLSON CIRCLE TAMPA, FL 33626			7. Name and Address of New Registered Agent Name VINCENT R. KUDLA Street Address (P.O. Box Number is Not Acceptable) 8309 GUNN HWY City TAMPA FL Zip Code 33626		
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 * <i>Vincent R. Kudla</i> <small>Signature, typed or printed name of registered agent and the filer (applicant)</small>		DATE 7/2/03 <small>(NOTE: Registered Agent's signature required when withdrawing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 17, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUDLA, VINCENT R 14260 CARLSON CIRCLE TAMPA, FL 33626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUDLA, VINCENT R. 8309 GUNN HWY TAMPA, FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS KUDLA, TRACIE 14260 CARLSON CIRCLE TAMPA, FL 33626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS KUDLA, TRACIE 8309 GUNN HWY TAMPA, FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: * <i>Vincent R. Kudla</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 7/2/03		DAYTIME PHONE # 813-925-1997	

CR2EC34 (1/0/02)