

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 17 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000993

1. Entity Name
CARL G. ODEN, CPA, LLC

Principal Place of Business
2973 WEST STATE ROAD 434, SUITE 200
LONGWOOD FL 32779

Mailing Address
2973 WEST STATE ROAD 434, SUITE 200
LONGWOOD FL 32779-4455



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PMB224

Suite, Apt. #, etc.

#100

City & State

Zip

Country

Suite, Apt. #, etc.

931 NSR434 #1201

City & State

Altamonte Springs, FL

Zip

32714

Country

Seminole

4. FEI Number

59-2770775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ODEN, CARL G
2973 WEST STATE ROAD 434, SUITE 200
LONGWOOD FL 32779

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ODEN, CARL G CPA
2973 WEST STATE ROAD 434, SUITE 200
LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2973 West State Road 434 #100
Longwood, FL 32779 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700003287437--5
-06/13/00--01079--006
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-18-00 (407) 682-7772

Date

Daytime Phone #

CR2E083 (9/19)