


02-03-2003 90113 009 \*\*\*158.75

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

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**DOCUMENT # P02000115187**

1. Entity Name  
**CODY DEVELOPERS, INC.**



Principal Place of Business  
**1208 S. MYRTLE AVENUE  
 CLEARWATER FL 33756**

Mailing Address  
**1208 S. MYRTLE AVENUE  
 CLEARWATER FL 33756**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**2945 La Concha DR.**  
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Clearwater, FL**

Zip  
**33762**

Country  
**USA**

4. FEI Number  
**56-2302360**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent  
**ESHENBAUGH, WILLIAM  
 1208 S. MYRTLE AVENUE  
 CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, VP, SEC. TREAS.</b> <b>William Eshenbaugh</b> <b>2945 La Concha DR.</b> <b>Clearwater, FL 33762</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowerer.

**SIGNATURE:** \_\_\_\_\_ **DATE:** **1/29/03** **727 444 9585**

**SIGNATURE REQUIRED**

CR2E034 (1/02)