2002

~~2001~~ UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90053 043 ***150.00

DOCUMENT # 288578

1. Entity Name
CARROLL RHODEN, INC.

Principal Place of Business	Mailing Address
~~335~~ 8964 RHODEN LOOP RD..W. FORT MEADE FL 33841	~~335~~ 8964 RHODEN LOOP RD..W. FORT MEADE FL 33841

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8964 RHODEN LOOP RD W	8964 RHODEN LOOP RD W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1117851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~335~~ 8964 RHODEN, CARROLL L., SR. ~~335~~ RHODEN LOOP RD. W. FT MEADE FL 33841	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: _____ DATE

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CB RHODEN, CARROLL L 335 RHODEN LOOP RD. FT MEADEM FL 33841-9410 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC RHODEN, CARROLL L., SR. ~~335 RHODEN LOOP RD W.~~ FT MEADE FL 33841-9410 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 8964 RHODEN LOOP RD W
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RHODEN, RALPH 6003 N CHRISTINA DR LAKELAND FL 33813 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RHODEN, CARROLL L., JR. 340 RHODEN LOOP RD. FT MEADE FL 33841 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PREPARED BY: Robert L. Manley C.P.A. P.O. Box 222 Bartow, Florida 33831 (863) 534-8551 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Carroll L. Rhoden Sr (863) 635-3124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number