

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90328 043 \*\*\*158.75

**DOCUMENT # 322431**

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

Principal Place of Business

**5601 ANDERSON RD  
TAMPA FL 33614  
US**

Mailing Address

**P.O BOX 151197  
TAMPA FL 33684-1197  
US**

2. Principal Place of Business

**5301 E. Diana St.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 310199**

Suite, Apt. #, etc.

City & State

**Tampa, FL**

Zip

**33610**

Country

**USA**

City & State

**Tampa, FL**

Zip

**33680-0199**

Country

**USA**

4. FEI Number

**59-1174460**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CODY, SUSAN  
14917 OLD POINTE RD  
TAMPA FL 33613**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**509 Goodwood**

City

**Lutz**

**FL**

Zip Code

**33549**

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

*Susan Cody*

**Susan Cody, President**

DATE

**2/18/02**

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

TITLE **PD** ☐ Delete  
NAME **CODY, SUSAN**  
STREET ADDRESS **509 GOODWOOD**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **VD** ☐ Delete  
NAME **MATHES, WILLIAM E**  
STREET ADDRESS **13511 GIBBONS PASS**  
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☐ Delete  
NAME **CODY, CATHERINE D**  
STREET ADDRESS **4149 NORTHMEADOW CIR**  
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☒ Delete  
NAME **BROWN, RONALD J**  
STREET ADDRESS **13901 N FLORIDA AVE**  
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☐ Delete  
NAME **MATHES, CATHY**  
STREET ADDRESS **13511 GIBBONS PASS**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **VD  
Pierre Bissonnette**  
STREET ADDRESS **11518 Bald Eagle St**  
CITY-ST-ZIP **Tampa, FL 33625**

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

*Susan Cody*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Susan Cody**

**2/18/02**

Date

**813-888-6068**

Daytime Phone #

CR2E034 (9/01)