

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90025 033 ***150.00

DOCUMENT # 386625

1. Entity Name
OEDIPUSS CORP.

Principal Place of Business

~~823 DAVID HILLS RD~~
TEMPLE TERRACE FL 33617

Mailing Address

~~823 DAVID HILLS RD~~
TEMPLE TERRACE FL 33617
US

2. Principal Place of Business

~~200 C 200 COCOANUT AVE~~

3. Mailing Address

Suite, Apt. #, etc. **SAME**

City & State

SARASOTA FL

City & State

Zip

34236 SARASOTA

4. FEI Number **59-1359514**

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

MICHEL, JOHN
823 DAVID HILLS RD
TEMPLE TERRACE FL 33617
200 COCOANUT AVE #10
SARASOTA, FL
34236

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

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, 2001 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.

S AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **MICHEL, JOHN C**
STREET ADDRESS **823 DAVID HILLS RD**
CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Mr. John C. Michel
200 Cocoanut Ave. Apt. 10
Sarasota, FL 34236

☒ Change ☐ Addition

ADDRESS ONLY

TITLE **VTD** ☐ Delete
NAME **MICHEL, SUE**
STREET ADDRESS **823 DAVID HILLS RD**
CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Sue R Michel
200 Cocoanut Ave. Apt. 10
Sarasota, FL 34236

☒ Change ☐ Addition

ADDRESS ONLY

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)