

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90068 018 \*\*\*150.00

**DOCUMENT # 401088**

1. Entity Name

**EDWARD RODRIGUEZ AND COMPANY, INC.**

Principal Place of Business

~~216 KILGORE LANE~~ **20505 US HWY 19 N**  
~~TAMPA FL 33614~~ **Suite 162**  
**Clearwater, FL 33764**

Mailing Address

~~216 KILGORE LANE~~ **20505 US HWY 19 N**  
~~TAMPA FL 33614~~ **Suite 162**  
**Clearwater, FL 33764**

2. Principal Place of Business

**20505 US HWY 19 N**

Suite, Apt. #, etc.  
**Suite 162**

City & State  
**Clearwater, FL 33764**

Zip  
**33764**

Country  
**USA**

3. Mailing Address

**20505 US HWY 19 N**

Suite, Apt. #, etc.  
**Suite 162**

City & State  
**Clearwater, FL**

Zip  
**33764**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-6059943**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, MICHAEL F**  
**5108 WEST HANNA AVENUE**  
**TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name **RODRIGUEZ, MICHAEL E**

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

**20505 US HWY 19 N**

**Suite 162**

City **Clearwater, FL**

**FL**

Zip Code **33764**

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 *Michael E. Rodriguez* **Michael E. Rodriguez** **03/12/01**

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

TITLE **C** ☒ Delete  
NAME **RODRIGUEZ, EDWARD J**  
STREET ADDRESS **17119 RAINBOW TERRACE**  
CITY-ST-ZIP **ODESSA FL 33556**

TITLE **PD** ☐ Delete  
NAME **RODRIGUEZ, MICHAEL E**  
STREET ADDRESS **5108 WEST HANNA AVENUE**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **VSDT** ☒ Delete  
NAME **RODRIGUEZ, JOSEPH C**  
STREET ADDRESS **5108 WEST HANNA AVE**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **VD** ☒ Delete  
NAME **RODRIGUEZ, EDWARD M**  
STREET ADDRESS **5108 WEST HANNA AVE**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **V** ☒ Delete  
NAME **BELTRAN, MANNY**  
STREET ADDRESS **5108 WEST HANNA AVE**  
CITY-ST-ZIP **TAMPA FL 33634**

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 **PD** ☒ Change ☐ Addition  
NAME **RODRIGUEZ, MICHAEL E**  
STREET ADDRESS **20505 US HWY 19 North**  
CITY-ST-ZIP **Suite 162**  
**Clearwater, FL 33764**

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

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: *Michael E. Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/12/01** **(800)323-1121**  
Date Daytime Phone #

CR2E034 (10/00)