

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 505833

1. Entity Name

CODVILLE ENTERPRISES, INC.

FILED

01 MAR 26 PM 3:19

Principal Place of Business

1515 S. TAMiami TRAIL  
#6A  
VENICE FL 34292  
US

Mailing Address

1515 S. TAMiami TRAIL  
#6A  
VENICE FL 34292  
US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1696615

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CODVILLE, BRUCE H  
1515 S. TAMiami TRAIL  
#6A  
VENICE FL 34292

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME CODVILLE, BRUCE H  
STREET ADDRESS 757 TOPICAL CIRCLE  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE PT  
NAME CODVILLE BRUCE H.  
STREET ADDRESS 618 TARLETON LANE  
CITY-ST-ZIP OSPREY, FL. 34229 ☒ Change ☐ Addition

TITLE SV  
NAME CODVILLE, BARBARA  
STREET ADDRESS 757 TOPICAL CIRCLE  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE SV  
NAME CODVILLE BARBARA  
STREET ADDRESS 618 TARLETON LANE  
CITY-ST-ZIP OSPREY, FL. 34229 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

*B.H. Codville Pres.* B.H. CODVILLE

3/14/01

Date

Daytime Phone #

CR2E034 (10/00)