

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90164 042 ***150.00

0497327 AN

DOCUMENT # 518916

1. Entity Name
RODONN ENTERPRISES, INC.



Principal Place of Business
~~12580 ENTERPRISE BLVD~~
~~LARGO FL 33773~~
US

Mailing Address
~~12580 ENTERPRISE BLVD~~
~~LARGO FL 33773~~
-US



2. Principal Place of Business
3109 WEDGEWOOD DR
Suite, Apt. #, etc.

3. Mailing Address
3109 WEDGEWOOD DR
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
BELLEAIR BEACH, FL

City & State
BELLEAIR BEACH, FL

Zip
33786 Country
USA

Zip
33786 Country
USA

4. FEI Number **59-1699854** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BOHNSACK, ROBERT
~~12580 ENTERPRISE BLVD~~
~~LARGO FL 33773~~

7. Name and Address of New Registered Agent
Name
BOHNSACK, ROBERT
Street Address (P.O. Box Number is Not Acceptable)
3109 WEDGEWOOD DR.
City
BELLEAIR BEACH FL Zip Code
33786

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOHNSACK, ROBERT 3109 WEDGE WOOD BELLEAIR BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOHNSACK, DONNA 3109 WEDGEWOOD BELLEAIR BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BOHNSACK **BOHNSACK** 4/21/03 727-595-9219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (10/02)