

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

542294
THE ODYSSEY CORPORATION

Principal Place of Business

Mailing Address

2. Principal Place of Business

5307A SHIRLEY ST
Suite, Apt. #, etc.

3. Mailing Address

5307A SHIRLEY ST
Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34109

Country

COLLIER

City & State

NAPLES FL

Zip

34109

Country

COLLIER

4. FEI Number

59-1796543

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TONER, THAYER
5307A SHIRLEY ST
NAPLES FL 34109

7. Name and Address of New Registered Agent

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, 2000 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	V	<input type="checkbox"/> Delete
NAME	TONER, AMY	
STREET ADDRESS	103 N. HWY 101 #1003	
CITY-ST-ZIP	ENCINITAS CA 92024	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	TONER, KAREN	
STREET ADDRESS	5307A SHIRLEY ST	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONER, THAYER	
STREET ADDRESS	5307A SHIRLEY ST	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(THAYER TONER) 4/28/2000 (941) 513-9898

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90429 004 ***150.00

00057896

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)