

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90160 041 ***150.00

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DOCUMENT # 542294

1. Entity Name
THE ODYSSEY CORPORATION



Principal Place of Business
**5307 A SHIRLEY ST
NAPLES FL 34109**

Mailing Address
**5307 A SHIRLEY ST
NAPLES FL 34109**



2. Principal Place of Business

3. Mailing Address

226 S. CANADAY DR
Suite, Apt. #, etc.

226 S. CANADAY DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WINTERESS FL
Zip
34450
Country
USA

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WINTERESS FL
Zip
34450
Country
USA

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

7. Name and Address of New Registered Agent

TONER, THAYER
5307A SHIRLEY ST
NAPLES FL 34109

Name
Street Address (P.O. Box Number is Not Acceptable)
226 S. CANADAY DR
WINTERESS
City **WINTERESS** FL Zip Code **34450**

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	V TONER, AMY 271 MELROSE AVE ENCINITAS CA 92024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TONER, KAREN 5307A SHIRLEY ST NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TONER, THAYER 5307A SHIRLEY ST NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> 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: **TONER, THAYER VP** **APRIL 25, 2003** **(352) 341-3376**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)