

DOCUMENT # 578065

1. Entity Name

ROLAND OF FORT LAUDERDALE, INC.

Principal Place of Business

2644 E. OAKLAND PARK BLVD.
LAUDERDALE FL 33306

Mailing Address

2644 E. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306-1603
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

Roland Hodges
ROLAND OF FORT LAUDERDALE, INC.

2644 E. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306

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

Roland Hodges
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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------------|----------------------------|--------------------------|---------------------------------|
| P | HODGES, ROLAND | 2644 E. OAKLAND PARK BLVD. | FORT LAUDERDALE FL 33306 | <input type="checkbox"/> |
| S | HODGES, MARY FRANCES | 2644 E. OAKLAND PARK BLVD. | FORT LAUDERDALE FL 33306 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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:

Roland Hodges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roland Hodges

1-3-2000
Date

954-563-8763
Daytime Phone #

FILED

00 MAR -1 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
60002895



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)