

' 2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90084 025 ***150.00

0504792 AV

DOCUMENT # F01000001329

1. Entity Name
SODEMANN, INC.

Principal Place of Business
**5132 QUAIL CREEK ESTATES CT.
 ST. LOUIS MO 63128**

Mailing Address
**5132 QUAIL CREEK ESTATES CT.
 ST. LOUIS MO 63128**



2. Principal Place of Business

770 REGENCY RESERVE CIRCLE

Suite, Apt. #, etc.

1801

City & State

NAPLES, FL

Zip

34119

Country

USA

3. Mailing Address

770 REGENCY RESERVE CIRCLE

Suite, Apt. #, etc.

1801

City & State

NAPLES, FL

Zip

34119

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

43-0526090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BECKERMANN, ROGER A
 89 SILVER OAKS CIRCLE, #5101
 NAPLES FL 34119**

7. Name and Address of New Registered Agent

Name

ROGER A. BECKERMANN

Street Address (P.O. Box Number is Not Acceptable)

770 REGENCY RESERVE CIRCLE APT. 1801

City

NAPLES

FL

Zip Code

34119

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, 2002 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 **PC** ☐ Delete
 NAME **BECKERMANN, ROGER A**
 STREET ADDRESS **89 SILVER OAKS CIRCLE, #5101**
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE **WCS** ☐ Delete
 NAME **DANIELS, CAROL L**
 STREET ADDRESS **2455 PINE WOOD CIRCLE**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE **TD** ☐ Delete
 NAME **LAUT, JANET M**
 STREET ADDRESS **1186 HIGHWAY AA**
 CITY-ST-ZIP **FARMINGTON MO 63640**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.D.C** ☒ Change ☐ Addition
 NAME **BECKERMANN, ROGER A**
 STREET ADDRESS **770 REGENCY RESERVE CIRCLE APT. 1801**
 CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **V.S.V.C. D** ☒ Change ☐ Addition
 NAME **CAROL LOIS DANIELS**
 STREET ADDRESS **2455 PINE WOOD CIRCLE**
 CITY-ST-ZIP **NAPLES, FL 33942**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

ROGER A. BECKERMANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)