

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90033 039 \*\*\*150.00

**90005280**



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # F01000001329</b>																											
<b>1. Entity Name</b> SODEMANN, INC.		<b>Principal Place of Business</b> 7700 REGENCY RESERVE CIRCLE STE 1801 NAPLES FL 34419																									
<b>2. Principal Place of Business</b> 770 REGENCY RESERVE CIRCLE		<b>3. Mailing Address</b> 770 REGENCY RESERVE CIRCLE STE 1801 NAPLES FL 34419																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip 34119	Country	Zip 34119	Country																								
<b>4. Name and Address of Current Registered Agent</b>  BECKERMANN, ROGER A 7700 REGENCY RESERVE CIRCLE NAPLES FL 34119		<b>4. FEI Number</b> 43-0526090 <table border="1" style="float: right; width: 100px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable																						
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Not Applicable																											
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>7. Name and Address of New Registered Agent</b>																									
Name		Name																									
Street Address (P.O. Box Number is Not Acceptable) 770 REGENCY RESERVE CIRCLE		Street Address (P.O. Box Number is Not Acceptable) 770 REGENCY RESERVE CIRCLE																									
STE 1801		STE 1801																									
City		City																									
FL		FL																									
Zip Code		Zip Code																									
34119		34119																									
<b>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.</b>																											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)																											
Signature, typed or printed name of registered agent and title if applicable.																											
DATE _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																									
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**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:** TO BE SIGNED BY REGISTERED AGENT 1/14/03 239-353-6931  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)