2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

F20645 DOCUMENT #

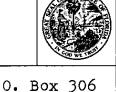
1. Entity Name RODELLA, INC.

Principal Place of Business



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90161 025 ***150.00



Ρ. 1406 ALDEN STREET XXXXXXXX PXXXB8XX1231 0. Box 306 DELAND FL 32721-1231 DELAND FL 32721 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2168754 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUSSOLINE, JOHN D Street Address (P.O. Box Number is Not Acceptable) 613 ST JOHNS AVE #205 PALATKA FL 32077 City 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. I am familiar with, and accept the obligations of registered agent Signature, typed or printed native of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE (\$ \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **OFFICERS AND DIRECTORS** 10. 11. CR2E034 (10/02) TITLE Delete TITLE Change ☐ Addition MAXWELL, JOHN W. NAME NAME 1406 ALDEN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME HAMNER, MARGARET A. NAME STREET ADDRESS 1406 ALDEN STREET STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DELAND FL Change TITLE ☐ Delete TITLE Addition NAME SCHANDEL, CHARLES E. NAME STREET ADDRESS 3859 OYSTER CT. STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IF

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: