

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

06-19-2003 90045024 ***158.75
F97000002350

DOCUMENT # F97000002350

1. Entity Name

OLDE BROADWAY SOUTH INC.



03 JUN 24 AM 11:01

SUITE 107 ST. STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1493 KOLENDA ST.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FLORIDA

Zip

33952

Country

U.S.A.

4. FEI Number

76-0529347

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

IRENE BAXENDALE

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

1493 KOLENDA ST.

City

PORT CHARLOTTE,

FL

Zip Code

33952

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

Signature, type or printed name of registered agent and date applicable

(NOTE: Registered Agent signature required when reinstating)

6/14/03

DATE

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT

IRENE BAXENDALE, IRENE

1493 KOLENDA ST.

PORT CHARLOTTE, FL. 33952

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Vice President

Richard Ohendalski, Richard

1423 D Brazos

Huntsville, Texas 77320

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Secretary

Ohendalski, Kay

1423 D Brazos

Huntsville, Texas 77320

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/03

Date

941-629-9141 Phone #

CR2E034B (12/02)