

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90151 007 ***150.00

DOCUMENT # F99000003527

1. Entity Name
RODENA, INC.



Principal Place of Business
**1302 NORTH GREENWOOD STREET
SPRING VALLEY IL 61362**

Mailing Address
**1302 NORTH GREENWOOD STREET
SPRING VALLEY IL 61362**

2. Principal Place of Business

13 SPRING CREEK DRIVE
Suite, Apt. #, etc.

3. Mailing Address

13 SPRING CREEK DRIVE
Suite, Apt. #, etc.

City & State

SPRING VALLEY IL
Zip Country

City & State

SPRING VALLEY IL
Zip Country

4. FEI Number **36-2588470**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVITO, NANCY A
104 EAST DIXIE AVENUE
LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name

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

715 ALBA DRIVE

City

ORLANDO

FL

Zip Code

32804

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **DVPS** ☐ Delete
NAME **DAVITO, SILVIO J**
STREET ADDRESS **13 SPRING CREEK DRIVE**
CITY-ST-ZIP **SPRING VALLEY IL 61362**

TITLE **DP** ☐ Delete
NAME **DAVITO, ROSEMARY**
STREET ADDRESS **13 SPRING CREEK DRIVE**
CITY-ST-ZIP **SPRING VALLEY IL 61362**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DAVITO**

v.p. 01/13/03

Date

Daytime Phone #

CR2E034 (10/02)