

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G47965

1. Entity Name

BODO ENTERPRISES, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90007 034 ***150.00

0059775

Principal Place of Business

3702 N US 1
COCOA FL 32926
US

Mailing Address

4310 LANTERN DR
TITUSVILLE FL 32796
US

2. Principal Place of Business

4310 LANTERN DR.

3. Mailing Address

4310 LANTERN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TITUSVILLE FL

City & State

TITUSVILLE FL

4. FEI Number

59-2323782

Applied For

Not Applicable

Zip

32796

Country

BREVARD

Zip

32796

Country

BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BODO, JOSEPH F.
4310 LANTERN DRIVE
TITUSVILLE FL 32796

Name

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

City

FL

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.

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, 2001 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 PTD ☐ Delete
NAME BODO, FLORENCE A
STREET ADDRESS 4310 LANTERN DR
CITY-ST-ZIP TITUSVILLE, FL 00000 32796

TITLE VSD ☐ Delete
NAME BODO, JOSEPH F
STREET ADDRESS 4310 LANTERN DR
CITY-ST-ZIP TITUSVILLE FL 32796

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

12. 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
NAME
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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:

Joseph F. Bodo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01
Date

321-269-4524
Daytime Phone #

CR2E034 (10/00)