## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H06547** Apr 07, 2000 8:00 am Secretary of State 1. Entity Name O'DELL, HALL AND ASSOCIATES, INC. 04-07-2000 90002 046 \*\*\*150.00 Principal Place of Business Mailing Address 2052 PRINCETON STREET 2052 PRINCETON STREET SARASOTA FL 34237 **SARASOTA FL 34237-3424** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2416312 Not Applicable Zip Country 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 Name O'DELL, M. RUSSELL Street Address (P.O. Box Number is Not Acceptable) 7131 LAGO STREET SARASOTA FL 34241 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition O'DELL, M. RUSSELL NAME NAME 7131 LAGO STREET STREET ADDRESS STREET ADDRESS SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP DS ☐ Delete TITLE ☐ Change ☐ Addition TITLE O'DELL, LESLIE NAME NAME 7131 LAGO STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34241 Delete\_ ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

M.Russell O'Dell, President 3 3 |- (941) 365-9393

Daytime Phone #