

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J14764**1. Entity Name  
**RODBERG, INC.****FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90024 033 \*\*\*550.00

Principal Place of Business  
**% KAROL RODBERG**  
**1709 - 12TH COURT NORTH**  
**LAKE WORTH FL 33460**Mailing Address  
**% KAROL RODBERG**  
**1709 - 12TH COURT NORTH**  
**LAKE WORTH FL 33460**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-2826389**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**RODBERG, KAROL**  
**1709 - 12TH COURT NORTH**  
**LAKE WORTH FL 33460**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	<b>PVS</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>RODBERG, KAROL</b>								
	<b>1709 - 12TH CT NORTH</b>								
	<b>LAKE WORTH FL</b>								
	<b>TD</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>RODBERG, KAROL</b>								
	<b>1709 - 12TH CT NORTH</b>								
	<b>LAKE WORTH FL</b>								
	<b>VD</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>RODBERG, DOUGLAS</b>								
	<b>2840 CHEROKEE ROAD</b>								
	<b>WEST PALM BEACH FL</b>								
	<b>VD</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>RODBERG, REYNOLD</b>								
	<b>3862 AROS CIRCLE</b>								
	<b>LANTANA FL</b>								
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAROL W. Rodberg

Date

Daytime Phone #

561-582-

7-13-00-8116