

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0430026 AV

DOCUMENT # K29080

1. Entity Name
THE RODDY CORPORATION



Principal Place of Business
**332 SOUTH COUNTY ROAD
PALM BEACH FL 33480
US**

Mailing Address
**180 ROYAL PALM WAY
SUITE 201
PALM BEACH FL 33480**

11050044



2. Principal Place of Business
**180 Royal Palm Way
Suite, Apt. #, etc.
201**

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Palm Beach, FL

City & State

4. FEI Number **65-0069640**

Applied For
Not Applicable

Zip **33480** Country **U.S.A.**

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

**STAMBAUGH, REGINALD G
180 ROYAL PALM WAY
SUITE 201
PALM BEACH FL 33480**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **4/29/03**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Delete
NAME **RODDY, CHARLES T**
STREET ADDRESS **332 SOUTH COUNTY ROAD**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **PSD** ☒ Change ☐ Addition
NAME **CHARLES T. RODDY**
STREET ADDRESS **180 ROYAL PALM WAY - STE 201**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **AS** ☒ Delete
NAME **STAMBAUGH, REGINALD G**
STREET ADDRESS **180 ROYAL PALM WAY #201**
CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date

561-832-0272
Daytime Phone #

CR2E034 (10/02)