

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K32154

1. Entity Name

KODA' INC.

Principal Place of Business

25400 SW 139 AVE
PRINCETON FL 33092
US

Mailing Address

P O BOX 924282
HOMESTEAD FL 33092-4282
US

2. Principal Place of Business

25400 SW 139 Av.

3. Mailing Address

P.O.Box 924282

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, FL 33032

City & State

Homestead, FL 33092

4. FEI Number

59-1959609

Applied For

Not Applicable

Zip

33032

Country

USA

Zip

33092

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, SHARON S
3001 PONCE DE LEON BLVD suite 262
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE	VS	<input type="checkbox"/> Delete
NAME	CRAWFORD, GALE S.	
STREET ADDRESS	P.O. BOX 924282 N/A	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PRICE, C.W.	
STREET ADDRESS	P O BOX 924282 N/A	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CRAWFORD, GALE S.	
STREET ADDRESS	P O BOX 924282 N/A	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

CRAWFORD, GALE S. PRICE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90007 021 ***550.00



DO NOT WRITE IN THIS SPACE

CR210041-001