

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90009 023 ***150.00

DOCUMENT #

M40845

1. Entity Name

R.J. Coddington & Associates, P/A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

501 NE 6th Avenue

3. Mailing Address

501 NE 6th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Bch, FL

City & State

Deerfield Bch, FL

Zip
33441

Country
USA

Zip
33441

Country
USA

4. FEI Number

59-2818625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Ronald J. Coddington

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

501 NE 6th Avenue

City

Deerfield Bch

FL

Zip Code
33441

**DO NOT WRITE
IN THIS SPACE**

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)

March 1, 2002

DATE

9. This Corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Ronald J. Coddington P,VP,S,T,D
501 NE 6th Avenue
Deerfield Bch, FL 33441

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

March 1, 2002 954-592-7109

Date

Daytime Phone #

CR2E034B (12/01)