

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000007476**

1. Entity Name

S.O.O.D.A., INC.

Principal Place of Business

**160 BAHIA VIA
FORT MYERS BEACH FL 33931**

Mailing Address

**160 BAHIA VIA
FORT MYERS BEACH FL 33931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**DEVINCENT, PAT
160 BAHIA VIA
FT. MYERS BEACH FL 33931**

4. FEI Number

65-1057971

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

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

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	DEVINCENT, PAT	
STREET ADDRESS	160 BAHIA VIA	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	

TITLE	D	<input type="checkbox"/> Delete
NAME	DEVINCENT, MARY	
STREET ADDRESS	160 BAHIA VIA	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	

TITLE	DV	<input type="checkbox"/> Delete
NAME	JENKINS, DAVE	
STREET ADDRESS	1131 22ND AVENUE N.	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, PENNY	
STREET ADDRESS	995 13TH STREET N.	
CITY-ST-ZIP	NAPLES FL 34102	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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

Date

Daytime Phone #

6 FEO 1 941 463-2801

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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