

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-27-2003 90149 021 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # N02000003410

1. Entity Name

SODD, INC.



Principal Place of Business

5894 DAHLIA DRIVE
ORLANDO FL 32807

Mailing Address

5894 DAHLIA DRIVE
ORLANDO FL 32807

2. Principal Place of Business

5894 Dahlia Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 570248

Suite, Apt. #, etc.

City & State

City & State

Orlando, Florida

Zip

Country

Zip

Country

32857

Orange

4. FEI Number

75-3056391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SARA, FONTANEZ
5894 DAHLIA DRIVE
ORLANDO FL 32807

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME FONTANEZ, SARA
STREET ADDRESS 11241 CYPRESS LEAF DRIVE
CITY-ST-ZIP ORLANDO FL 32825

☐ Delete

TITLE S
NAME GONZALEZ, LUIS
STREET ADDRESS 4404 WINTER OAK LANE
CITY-ST-ZIP ORLANDO FL 32807

☐ Delete

TITLE T
NAME ANDUJAR, LYDIA
STREET ADDRESS 6762 HEATHER ROAD
CITY-ST-ZIP ORLANDO FL 32807

☐ Delete

TITLE M
NAME CARRASQUILLO, EDUARDO JR
STREET ADDRESS 1376 HENDREN DRIVE
CITY-ST-ZIP ORLANDO FL 32807

☐ Delete

TITLE M
NAME AGUILO, MIGUEL
STREET ADDRESS 295 OXALIS DRIVE
CITY-ST-ZIP ORLANDO FL 32807

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)