

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000072232**1. Entity Name
A.O.D., INC.**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90362 048 ***150.00

036694

Principal Place of Business
**2790 SUNSET POINT ROAD
CLEARWATER FL 33759**Mailing Address
**2790 SUNSET POINT ROAD
CLEARWATER FL 33759****816553**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9039 STARPASS DRIVE
Suite, Apt. #, etc.3. Mailing Address
P.O. Box 54156
Suite, Apt. #, etc.City & State
Jacksonville, FL
Zip
32256
CountryCity & State
Jacksonville, FL
Zip
32245-4156
Country4. FEI Number
58-2562090
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****SHEAR, ROBERT L
2790 SUNSET POINT ROAD
CLEARWATER FL 33759****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 **DAVID J. SWANSON, President A.O.D. Inc.** **3/1/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|-----------------------|----------------------------|--------------------------|--------------------------|
| | P | | | |
| | SWANSON, DAVID | 11850 WEXWOOD DRIVE | RICHMOND VA 23236 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **DAVID J. SWANSON** **3/1/01** **904-519-9171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)