FILED

2002 Uniform Business Report (UBR)

Apr 01, 2002 8:00 am Secretary of State P00000075189 DOCUMENT # 1. Entity Name 04-01-2002 90011 039 ***150.00 ROD'N REEL ASSOCIATION, INC. Mailing Address Principal Place of Business 10842 LAKE HARRIS CIR. 10842 LAKE HARRIS CIR. TAVARES FL 32778 TAVARES FL 32778 3. Mailing Address 2. Principal Place of Business 18915 LAKE HARRY CIR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 3277 Applied For 4-Frigumbe 59-2470818 Not Applicable Zip Country Country \$8.75 Additional 32778 5. Certificate of Status Desired Fee Required AKE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEVEN J. RICHEY, P.A. Street Address (P.O. Box Number is Not Acceptable) 1009 N. 14TH ST. LEESBURG FL 34749-2460 Zip Code F١ 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDIT ONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE RATTRAK DAVID SCHMIDT, KENNETH 4-1-02 NAME STREET ADDRESS STREET ADDRESS 10842 LAKE HARRIS CIR. 10915 LAGE HARRISCIR CITY-ST-ZIP TAVARES FL 32778 CITY-ST-ZIP TAUBRES, F. 32718 TITLE Delete TITLE ☐ Change Addition MRG, TOHU UMPACSS NAME UMPRESS, JOHN NAME 4-1-02 4-1-02 31932 ELIEARETH LANE STREET ADDRESS STREET ADDRESS 31932 ELIZABETH LANE CITY-ST-ZIP CITY-ST-ZIP TAVARES FL 32778 TRUAREY FL 32718 ☐ Change Addition TITLE TITLE Delete NAME NAME DAVIS, ELWIN MRS. KATHYRATTRAY 4-1-02 4-1-02 STREET ADDRESS 10915 LAKE HARRISCIA STREET ADDRESS 10842 LAKE HARRIS CIR. CITY-ST-ZIP CITY-ST-ZIP TAUARES, FL 32778 TAVARES FL 32778 ☐ Delete TITLE ☐ Change Addition NAME MRS DEBBIE BOGGOS NAME -1-62 32069 HARRIS RA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAUARES, FL 32778 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 dire 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 changed, or on an attachment with

SIGNATURE:

attachment

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUM 1. Entity Name ROD'N RE	MENT # P00000 EL ASSOCIATION, INC.	0075189 754	146	2		
Principal Place of Business 10842 LAKE HARRIS CIR. TAVARES FL 32778		Mailing Address 10842 LAKE HARRIS CIR. TAVARES FL 32778				
Suite, Apt. #	LAKE HARRIS CIR.	3. Mailing Address Suite, Apt. #, etc. 27, 3777	<u> </u>		DO NOT WP'", IN THIS	SPACE
TAVAR	ES PL	Para and Administration			59-2470818	Applied Not App
3277.	S LAKE	Zip	Country		5. Certificate of Status Desired	\$8.75 Addition: Fee Required
	6. Name and Address of Current I	Registered Agent	Name		7. Name and Address of New Registered	d Agent
STEVEN J. RICHEY, P.A. 1009 N. 14TH ST. LEESBURG FL 34749-2460				ddress (F	P.O. Box Number is Not Acceptable)	Zip Code
SIGNATURE	Synature, typed or printed name of required agent a ration is eligible to satisfy its Intangible equirement and elects to do so.	no title il applicable (NOTE	Registered Agent signal PEE IS \$150. Fee will be \$5	erequied	Election Campaign Financing Trust Fund Contribution.	\$5.00 M Added to F
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHMIDT, KENNETH 10842 LAKE HARRIS CIR. TAVARES FL 32778	DIRECTORS [X] Delete 4-1-02	12. IITLE HAME STREET ADDRESS CITY-ST-ZIP	109	ADDIT ONS/CHANGES TO OFFICERS AT 110 RAPTRAY 15 LAGE HARRISCIR 40ES, F. 32778	ND DIRECTORS IN Change
TITLE NAME STREET ADDRESS CITY-SI-ZIP	V UMPRESS, JOHN 31932 ELIZABETH LANE TAVARES FL 32778	Ø Delete 4−1-© 2	NAME STREET ADDRESS CITY-ST-ZIP	UP MR5 3193 TAU	FOR UMPRESS BY ELIBARETH LANE (AREX, FL 3-2718	□ Change □ CA
THLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, ELWIN 10842 LAKE HARRIS CIR. TAVARES FL 32778	Fig Delate 4 - 1 - 6 2	THILE HAME STREET ADDRESS CHY-ST-ZIP	109	EXATHYRATTRAGE 15 LAKE HARRISEIR DARES, FL 32778	□ Change □ □ Change □ □ Change □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE THAME STREET ADDRESS CITY-ST-ZIP	HRS 320 TAI	PEBBIE BOGGUS 69 HARRIS RO VARES FL 32778	□ Change □ 4 -1
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	HTLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE HALIE STREET ADDRESS CITY-ST-ZIP		ction 119.07(3)(i). Florida Statutes. I further c	☐ Change ☐

13. Thereby 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 did 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 Bloc 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

ZWW N. DAW13 2 352

Davime Phone 4