

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098859

1. Entity Name
SOD RITE, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90199 013 ***150.00

Principal Place of Business

445 27TH AVENUE SW
SUITE A
VERO BEACH FL 32968

Mailing Address

445 27TH AVENUE SW
SUITE A
VERO BEACH FL 32968

2. Principal Place of Business

445 27th Ave SW

3. Mailing Address

445 27th Ave SW

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32968

Country

USA

Zip

32968

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASS, RICHARD
6704 BROOKLINE AVENUE
FT. PIERCE FL 34951

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

9. 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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME CARROLL, JAMES E
STREET ADDRESS 1611 19TH STREET
CITY-ST-ZIP VERO BEACH FL 32962 ☐ Delete

TITLE STD
NAME VANDERPLOEG, DAWN
STREET ADDRESS 1611 19TH STREET
CITY-ST-ZIP VERO BEACH FL 32962 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

James E Carroll Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-01 (S61) 770-0953

Daytime Phone #

CR2E034 (10/00)