

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111733

1. Entity Name

ODDTRACK, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90028 039 ***150.00

Principal Place of Business

129 NORTH MAIN STREET
BROOKSVILLE FL 34605-1478

Mailing Address

PO BOX 1478
BROOKSVILLE FL 34605-1478

040334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3111 RESERVE DR.

3. Mailing Address

3111 RESERVE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlanta GA

City & State

Atlanta, GA

4. FEI Number

58-2583613

Applied For

Not Applicable

Zip

Country

30319

Zip

Country

30319

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNDERWOOD, ALAN W
129 NORTH MAIN STREET
BROOKSVILLE FL 34605-1478

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME UNDERWOOD, TYRUS
STREET ADDRESS 3111 RESERVE DR., NW
CITY-ST-ZIP ATLANTA GA 30319

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)