2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91893 036 ***150.00

DOCUMENT # P01000027774

1. Entity Name
RHODEN & RHODEN ENTERPRISES, INC.

Principal Place of Business
2015 LEM TURNER ROAD
CALLAHAN, FL 32011

Mailing Address
2015 LEM TURNER ROAD
CALLAHAN, FL 32011

2. Principal Place of Business
542785 US Hwy 1
Suite, Apt. #, etc.

3. Mailing Address
PO Box 734
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State: CALLAHAN FL
Zip: 32011 Country: USA

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Zip: 32011 Country: USA

4. FEI Number: 59-3720953 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FRAN'S TAX SERVICE INC.
2015 LEM TURNER ROAD
CALLAHAN, FL 32011

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
542785 US Hwy 1
City: CALLAHAN FL Zip Code: 32011

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: Fran's Tax Service Inc — Francis M. Caudle — FRANCES M. CAUDLE — 4-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RHODEN, WILLIAM III	NAME	
STREET ADDRESS	RR 1 BOX 2360	STREET ADDRESS	
CITY-ST-ZIP	ST GEORGE, GA 31646	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARRISON, KATHRYN	NAME	
STREET ADDRESS	RR 1 BOX 2360	STREET ADDRESS	
CITY-ST-ZIP	ST GEORGE, GA 31646	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 607, 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: Kathryn Harrison — KATHRYN HARRISON Secretary — 4/30/03 — 904-879-1974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #