

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059145

1. Entity Name

ODD JOBS OF BROWARD, INC.

Principal Place of Business

4701 SW 24 AVENUE  
FT LAUDERDALE FL 33312

Mailing Address

4701 SW 24 AVENUE  
FT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-1095169

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

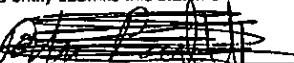
7. Name and Address of New Registered Agent

PODELL, RONDA  
4701 SW 24 AVENUE  
FT LAUDERDALE FL 33312

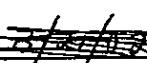
Name

Street Address (P.O. Box Number is Not Acceptable)

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.)

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, 2002 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

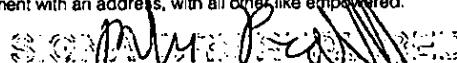
## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/01)

TITLE D  Delete  
NAME PODELL, RONDA  
STREET ADDRESS 4701 SW 24 AVENUE  
CITY-ST-ZIP FT LAUDERDALE FL 33312TITLE  Change  Addition  
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NAME  Change  Addition  
STREET ADDRESS  Change  Addition  
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-02

954-972-5359

Date

Daytime Phone #