

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended FILED
03 SEP -5 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000060238

1. Entity Name,

G.C. Rodbusters Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5200 Palm Drive

3. Mailing Address
same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Melbourne Beach, Florida

City & State

4. FEI Number 59-3723473

Applied For
Not Applicable

Zip
32951

Country
USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Ellen Weatherford, 5200 Palm Dr. Melb Bch, FL 32951

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

5200 Palm Drive

City Melbourne Beach

FL

Zip Code
32951

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

Ellen Weatherford

~~9/4/00~~

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Ellen Weatherford
5200 Palm Drive, Melbourne Beach, FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200022889732
09/09/03--01084--006 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Terrance Weatherford
5200 Palm Drive, Melbourne Beach, FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ellen Weatherford

Ellen Weatherford

32951

321-727-3165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)