

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90563 038 ***150.00

DOCUMENT # P01000073463

1. Entity Name
RODNEY'S RELOCATION SERVICES, INC.

Principal Place of Business **Mailing Address**
 1939 RIVERSIDE DR. #4 1939 RIVERSIDE DR. #4
 FT. LAUDERDALE FL 33313 FT. LAUDERDALE FL 33313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 1939 Riverside Dr #4 1939 Riverside Dr APT #4
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 APT #4 APT #4
 City & State City & State
 Fort Lauderdale FL Fort Lauderdale FL
 Zip Zip
 33312 33312
 Country Country
 Broward Broward

4. FEI Number **Applied For**
 65-1123693 ☐ Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
☐

6. Name and Address of Current Registered Agent
 LEE, RODNEY G
 1939 RIVERSIDE DR., #4
 FT. LAUDERDALE FL 33313

7. Name and Address of New Registered Agent
 Name: Rodney G Lee
 Street Address (P.O. Box Number is Not Acceptable)
 1939 Riverside Dr APT #4
 Fort Lauderdale FL
 City " " " FL Zip Code 33312

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 *Rodney G. Lee*
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, RODNEY G	
STREET ADDRESS	1939 RIVERSIDE DR., #4	
CITY-ST-ZIP	FT. LAUDERDALE FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodney G. Lee	
STREET ADDRESS	1939 Riverside Dr. APT #4	
CITY-ST-ZIP	Fort Lauderdale FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rodney G. Lee* **4.24.02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)