

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90165 044 ***150.00

DOCUMENT # P01000075144

1. Entity Name

RHODYCO, INC.

FLORIDA BUSINESSES OF PALM BEACH, INC.



Principal Place of Business

8130 WOODSMUIR DR.
W. PALM BCH FL 33412

Mailing Address

8130 WOODSMUIR DR.
W. PALM BCH FL 33412

2. Principal Place of Business

733 SANDY POINT LN.

3. Mailing Address

733 SANDY POINT LN.

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

City & State

N. PALM BEACH, FL

City & State

N. PALM BEACH, FL

Zip

33410

Country

PALM BEACH

Zip

33410

Country

PALM BEACH



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1129082

Applied For

Not Applicable

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

RHODY, DOUG E

8130 WOODSMUIR DR.

W. PALM BCH FL 33412

Name

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

733 SANDY POINT LANE

City

NORTH PALM BEACH FL

Zip Code

33410

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

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 P
NAME RHODY, DOUG E
STREET ADDRESS 8130 WOODSMUIR DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE
NAME
STREET ADDRESS 733 SANDY POINT LANE
CITY-ST-ZIP NORTH PALM BEACH, FL 33410

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUG E. RHODY

2/3/03

Date

Daytime Phone #

561-656-2614

CR2E034 (10/02)