

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90244 020 ***150.00

DOCUMENT # P01000078213

1. Entity Name
RHOADES HOLDINGS, INC.

Principal Place of Business
2428 NORTH ESSEX AVENUE
HERNANDO FL 34442

Mailing Address
2428 NORTH ESSEX AVENUE
HERNANDO FL 34442

2. Principal Place of Business
2450 North Citrus Hills Blvd
 Suite, Apt. #, etc.

3. Mailing Address
2450 North Citrus Hills Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Hernando, Florida

City & State
Hernando, Florida

4. FEI Number
59-3747799

Applied For
 Not Applicable

Zip Country
34442 USA

Zip Country
34442

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

6. Name and Address of Current Registered Agent

RHOADES, RON A
2428 NORTH ESSEX AVENUE
HERNANDO FL 34442

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2450 North Citrus Hills Blvd
 City **Hernando** **FL** Zip Code **34442**

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]* *[Signature]* **4.4.02**
 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **RHOADES, RON A**
 STREET ADDRESS **2428 NORTH ESSEX AVENUE**
 CITY-ST-ZIP **HERNANDO FL 34442**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D P S T** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2450 North Citrus Hills Blvd**
 CITY-ST-ZIP **Hernando, FL 34442**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.4.02 **352-746-1006**
 Date Daytime Phone #

CR2E034 (9/01)