

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90089 005 \*\*\*150.00

**DOCUMENT # P01000094893**

1. Entity Name

INCODEA, INC.

Principal Place of Business

4440 SW ARCHER ROAD  
SUITE 1528  
GAINESVILLE FL 32608

Mailing Address

4440 SW ARCHER ROAD  
SUITE 1528  
GAINESVILLE FL 32608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3751468

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**LATHAM, WILLIAM C  
4012 NW 64TH PLACE  
GAINESVILLE FL 32653**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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.

(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 ☐ Delete  
NAME D  
STREET ADDRESS PRIVAT, MICHAEL  
CITY-ST-ZIP 4440 SW ARCHER ROAD #1528  
GAINESVILLE FL 32608TITLE ☐ Delete  
NAME D  
STREET ADDRESS LATHAM, WILLIAM C  
CITY-ST-ZIP 4012 NW 64TH PLACE  
GAINESVILLE FL 32653TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCGINNIS, DAN L  
CITY-ST-ZIP 4611 SE 14TH STREET  
OCALA FL 34471TITLE ☐ Delete  
NAME D  
STREET ADDRESS CASP, JUSTIN M  
CITY-ST-ZIP 6814 NW 52ND TERRACE  
GAINESVILLE FL 32653TITLE ☒ Delete  
NAME D  
STREET ADDRESS CASP, COURTNEY  
CITY-ST-ZIP 6814 NW 52ND TERRACE  
GAINESVILLE FL 32653TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS CLINTON F. MIMS, JR.  
CITY-ST-ZIP P.O. Box 91  
EAST LAKE WEIR, FL 32133TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 3/14/02

352-373-4140

CP2E034 (9/01)