

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

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90040 036 ***150.00

DOCUMENT # P03000017781	
1. Entity Name	
CASE & ODANIEL INC	

DO NOT WRITE IN THIS SPACE

94036704

2. Principal Place of Business 11440 OKEECHOBEE BLVD SUITE 216	3. Mailing Address 4446 E ANNETTE DR
Suite, Apt. #, etc. SUITE 216	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ROYAL PALM BEACH, FL	City & State PHOENIX AZ 85032 US	4. FEI Number 13-4244170	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33411	Country PALM BEACH	Zip 85032	Country US
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name JoAnn Abrams Esq	
Street Address (P.O. Box Number is Not Acceptable) 11440 Okeechobee Blvd	
City ROYAL PALM BEACH FL	Zip Code 33411

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**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES O'DANIEL, JOYCE 4446 E. ANNETTE DR PHOENIX AZ 85032 US	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. O'DANIEL, JOYCE 4376 E. ST. JOHN RD. PHOENIX, AZ 85032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASE, DORIS 148 FREDERICK LANE WICKLIFFE KY 42087 US	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(l), 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

Joyce L. O'Daniel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04 *602-787-5333*
Date Daytime Phone #