

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90035 020 ***150.00

11051



DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000000718

1. Entity Name
KODICA CORP.

Principal Place of Business 14869 TAMiami TRAIL NORTH PORT FL 34287 US	Mailing Address 14869 TAMiami TRAIL NORTH PORT FL 34287-2716 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0367058	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DONEY, DAVID M
 % FOWLER, WHITE, GILLEN, BOGGS, ETAL
 501 E KENNEDY BLVD SUITE 1700
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: **STEPHEN A. KALAPATI**
 Street Address (P.O. Box Number is Not Acceptable):
1381 NIMBUS DRIVE
 City: **NORTH PORT FL** Zip Code: **34287**

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: *Stephen A. Kalapati* **STEPHEN A. KALAPATI**
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, 2000 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	<input checked="" type="checkbox"/> Delete
NAME	SHEDEGER, ROBERT	
STREET ADDRESS	1381 NIMBUS DR	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEDEGER, BEVERLEY	
STREET ADDRESS	1381 NIMBUS DR	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KALAPATI, STEPHEN A	
STREET ADDRESS	1381 NIMBUS DR	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KALAPATI MARIA	
STREET ADDRESS	1381 NIMBUS DR	
CITY-ST-ZIP	NORTH PORT FL	
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 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: *Stephen A. Kalapati* **4/14/00** **941-423-0857**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #