Ł	
t	
k	
t	
i.	
2	
1	

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016972

1. Entity Name

ODO DECEMBOLL INC

FILED Jan 26, 2000 8:00 am Secretary of State

CBG RESEARCH, INC.					01-26-2000 90054 046 ***150.00				
Principal Plac	e of Business	Mailing Address		_					
7022 GREEN TREE DR NAPLES FL 34108 US		7022 GREEN TREE DR NAPLES FL 34108-7525 US			707005				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS S	PACE		
City & State	e	City & State	·	4.	65-0471090)		pplied For	
Zip	Country	Zip	Country	5. (Certificate of Status Desired		8.75 Ad ee Require	ditional ed	
	6. Name and Address of Current R	egistered Agent	Name	7. 1	Name and Address of New R	egistered A	gent	÷	
% B0 1167	WN, DENNIS C ESQ. OND, SCHOENECK & KING, P.A. THIRD STREET SOUTH LES FL 33940			ss (P.O. B	ox Number is Not Acceptable	FL	Zip Cod	 	
SIGNATURE _	named entity submits this statement for I	d utle if applicable. (NOTE:	Registered Agent signature rec		`	DATE		·	
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so.		! FEE IS \$150.00 IO Fee will be \$550.0 e to Department of		10. Election Campaign Fina Trust Fund Contribution		\$5.0 Adde)0 May Be d to Fees	
11.	OFFICERS AND D		12.	AD	DITIONS/CHANGES TO OFFI				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS CAMIENER, GERALD W 7022 GREEN TREE DR NAPLES FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				∐ Change	. 2 ***.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	x228	
NAME STREET ADDRESS CTY-ST-ZIP	and Colored the Colored to the Color	- □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ü-		.	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with it	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Additior	

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.