

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017440

1. Entity Name

FULL PHASE WATERPROOFING SERVICES, INC.

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90019 005 \*\*\*150.00

Principal Place of Business

5501 28TH STREET NORTH SUITE 44  
ST PETERSBURG FL 33714

Mailing Address

5501 28TH STREET NORTH SUITE 44  
ST PETERSBURG FL 33714

A0006296



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite # 7

Suite, Apt. #, etc.

Suite # 7

City & State

City & State

4. FEI Number

59-3233554

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BODENBENDER, ERHICK  
5501 28TH STREET NORTH SUITE 44  
ST PETERSBURG FL 33714

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, 2001 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  
NAME BODENBENDER, ERHICK V  
STREET ADDRESS 5501 28TH STREET NORTH SUITE 44  
CITY-ST-ZIP ST PETE FL ☐ Delete

TITLE D  
NAME BODENBENDER, THOMAS A  
STREET ADDRESS 5501 28TH STREET NORTH, SUITE 44  
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

TITLE TS  
NAME Bodenbender, Kerri R.  
STREET ADDRESS 5501 28th St. No Suite #7  
CITY-ST-ZIP St. Petersburg, FL 33714 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE TS  
NAME Bodenbender, Kerri R.  
STREET ADDRESS 5501 28th St. No Suite #7  
CITY-ST-ZIP St. Petersburg, FL 33714 ☐ Change ☒ Addition

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

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

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

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

1-8-01 (727) 525-1980

Date

Daytime Phone #

0363341

CR2E034 (10/00)