

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90135 038 \*\*\*150.00

600113



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000078193**

1. Entity Name  
**ROD M. SURRENCY & COMPANY, C.P.A.'S, P.A.**

Principal Place of Business  
**950 FIRST ST. S.  
SUITE 102  
WINTER HAVEN FL 33880  
US**

Mailing Address  
**P.O. BOX 2999  
WINTER HAVEN FL 33883-2999  
US**

2. Principal Place of Business  
**505 Avenue A. N.W.**  
Suite, Apt. #, etc.  
**Suite 101**  
City & State  
**WINTER HAVEN, FL**  
Zip  
**33881** Country  
**U.S.**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0610581** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SURRENCY, ROD M  
950 FIRST ST. S.  
SUITE 102  
WINTER PARK FL 33880**

7. Name and Address of New Registered Agent  
Name  
**ROD M. SURRENCY**  
Street Address (P.O. Box Number is Not Acceptable)  
**505 Ave A. N.W.**  
Suite, Apt. #, etc.  
**Suite 101**  
City  
**WINTER HAVEN** FL Zip Code  
**33881**

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 **ROD M. SURRENCY** DATE **1/5/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SURRENCY, ROD M 950 FIRST ST. SOUTH, STE 102 WINTER HAVEN FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Surrency, Rod M 505 Ave A N.W.; Suite 101 WINTER HAVEN, FL 33881</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ROD M. SURRENCY (ROD M. SURRENCY)** DATE **1/5/01** DAYTIME PHONE # **863-297-5788**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)