

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009634

1. Entity Name

THE DODGE ASSOCIATES, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90022 037 ***150.00

Principal Place of Business

Mailing Address

28870 US HWY 19 N
300
CLEARWATER FL 33761
US

28870 US HWY 19 N
300
CLEARWATER FL 33761-4328
US

2. Principal Place of Business

3. Mailing Address

2062 BAYSHORE BLVD
Suite, Apt. #, etc.

2062 BAYSHORE BLVD.
Suite, Apt. #, etc.

City & State

City & State

DUNEDIN, FLORIDA

DUNEDIN, FLORIDA

Zip
34698

Country
PINELLAS US

Zip
34698

Country
PINELLAS US

4. FEI Number

65-0642229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DODGE, BRUCE B JR
28870 US HWY 19 NORTH, SUITE 300
CLEARWATER FL 33761

Name

Street Address (P.O. Box Number is Not Acceptable)

2062 BAYSHORE BLVD.

City

DUNEDIN

FL

Zip Code

34698

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

3-13-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DODGE, BRUCE B JR
5050 LAKE VALENCIA BLVD W
PALM HARBOR FL 34684 ☐ Delete

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

TITLE
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☐ Delete

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

3-13-00

Date

727 733 6966

Daytime Phone #