

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State
 08-28-2000 90058 007 ***550.00

DOCUMENT # P96000012517
 1. Entity Name
CODY CONTRACTING, INC. ✓

Principal Place of Business Mailing Address
 2351 CANOE CREEK RD 2351 CANOE CREEK RD
 ST. CLOUD FL ~~34772~~ 34769 ST. CLOUD FL ~~34772~~ 34769
 US US

2. Principal Place of Business 3. Mailing Address
2351 Canoe Creek *same*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St. Cloud, FL. **St. Cloud, FL.**
 Zip Country Zip Country
34769 **OSCEOLA** **34769** **FL**

4. FEI Number Applied For
59-3357329 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROBERT DERREK ADKINS
~~2351 CANOE CREEK RD~~ *2010 Fertic Rd*
ST. CLOUD FL ~~34772~~ 34769

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 type="checkbox"/> Delete
NAME	ADKINS, ROBERT L
STREET ADDRESS	2351 CANOE CREEK
CITY-ST-ZIP	ST. CLOUD FL 34772 34769
TITLE	P <input type="checkbox"/> Delete
NAME	ROBERT DERREK ADKINS
STREET ADDRESS	2351 CANOE CREEK RD <i>2010 Fertic Rd.</i>
CITY-ST-ZIP	ST. CLOUD FL 34772 34769
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *[Signature]* **SIGNATURE REQUIRED** Date: *7-6-2000* Daytime Phone #: *407-957-0983*

CR2E034 (5/00)