

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90109 034 ***150.00

DOCUMENT # P96000012517**1. Entity Name**
CODY CONTRACTING, INC.**Principal Place of Business****2351 CANOE CREEK RD**
ST. CLOUD FL 34772
US**Mailing Address****2351 CANOE CREEK RD**
ST. CLOUD FL 34772
US**2. Principal Place of Business****2349 Canoe Creek Rd**
Suite, Apt. #, etc.**3. Mailing Address****2349 Canoe Creek Rd**
Suite, Apt. #, etc.**City & State****St. Cloud, FL****City & State****St. Cloud, FL****Zip****34769****Country****OSCEOLA****Zip****34769****Country****OSCEOLA****4. FEI Number****59-3357329****Applied For****Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****ROBERT DERREK ADKINS**
2351 CANOE CREEK RD
ST. CLOUD FL 34772**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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P ADKINS, ROBERT L 2351 CANOE CREEK SAINT CLOUD FL 34769	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:****Robert L. Adkins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Date****Daytime Phone #****2-20-02 407-957-0983**

CR2E034 (9/01)