FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90194 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000025964**

1. Entity Name
RODAV, INC.

10100870

Principal Place of Business	Mailing Address
3637 HWY 231 PANAMA CITY, FL 32404 US	3637 HWY 231 PANAMA CITY, FL 32404

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2672 FEROL LANE	2672 FEROL LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LYNN HAVEN, FL	City & State: LYNN HAVEN, FL
Zip: 32444 Country: USA	Zip: 32444 Country: USA

4. FEI Number: 59-3367096 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCOFIELD, DAVID D
3637 HIGHWAY 231
PANAMA CITY, FL 32404

7. Name and Address of New Registered Agent

Name: ROYCE SCOFIELD
Street Address (P.O. Box Number is Not Acceptable): 2672 FEROL LANE
City: LYNN HAVEN FL Zip Code: 32444

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] ROYCE SCOFIELD 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SCOFIELD, ROYCE	
STREET ADDRESS	2672 FEROL LANE	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	V	☒ Delete
NAME	SCOFIELD, DAVID D	
STREET ADDRESS	3637 HIGHWAY 231	
CITY-ST-ZIP	PANAMA CITY, FL 32404	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ROYCE SCOFIELD 4/30/03 (850) 271-3074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #