2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 am § Secretary of State **FILED** P96000038295 DOCUMENT # 1. Entity Name 05-14-2002 90340 022 ***150.00 ODEN MANAGEMENT, INC. Principal Place of Business Mailing Address 5708 MANATEE AVENUE WEST 5708 MANATEE AVENUE WEST **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address 100 6201 Cor DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0668712 Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired П Max Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, ADRON H Street Address (P.O. Box Number is Not Acceptable) 3119 MANATEE AVENUE WEST **BRADENTON FL 34205** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees Make Check Payable to Department of State (See criteria on back) 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE Addition ☐ Delete TITLE Change ODEN, JANET M NAME NAME Gradenton, FL 34210 **5708 MANATEE AVENUE W** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP **VPS** ☐ Delete TITLE TITLE ODEN, KEVIN S NAME NAME STREET ADDRESS STREET ADDRESS **5708 MANATEE AVENUE W BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE 6201 Cortez Rd W Bradenton FL. NAME HARDY, DANIEL C NAME STREET ADDRESS 5708 MANATEE AVENUE W. STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. I hereby certify that the information supplied with this filling 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 in 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.