

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90359 039 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068528

1. Entity Name

Rhodamorada, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 298

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 298

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Islamorada, Fl.

Zip
33036

Country
U.S.A.

City & State

Islamorada, Fl.

Zip
33036

Country
U.S.A.

4. FEI Number

65-0723842

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Crowell, Gus. H.

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

91760 Overseas Highway

City

Tavernier

FL

Zip Code

33070

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PD
Rhodus, James Leonard
108 Bee Street
TAVERNIER, FL. 33070

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

JS
Maksymec, Robert
75700 Overseas Hwy
Islamorada, FL 33036

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this report 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 on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Maksymec Mar 7/02 416-626-5300

Date

Daytime Phone

CR2E034B (12/01)