

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029658

1. Entity Name

ODS ENTERPRISES, INC.

FILED

Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90072 017 \*\*\*150.00

Principal Place of Business

1634 MAIN ST  
SARASOTA FL 34236

Mailing Address

P.O. BOX 3319  
SARASOTA FL 34230

34236

2. Principal Place of Business

1327 S. Orange Avenue

3. Mailing Address

5900 S. TAMiami TRAIL

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0745797

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCUS, CONNIE M  
1634 MAIN ST  
SARASOTA FL 34236

Name CATHERINE L. ASTRONSKAS  
Street Address (R.O. Box Number is Not Acceptable) 5900 S. TAMiami TRAIL  
Suite, Apt. #, etc. SUITE I  
City Sarasota FL Zip 34231

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 Catherine L. Astronskas

DATE 2-28-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MARCUS, CONNIE M	
STREET ADDRESS	1634 MAIN ST	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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: Connie Marcus

DATE 4/7/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)