

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0515879 AV

DOCUMENT # P97000029658

1. Entity Name

ODS ENTERPRISES, INC.

04-01-2002 90643 032 ***150.00

Principal Place of Business

**1327 S ORANGE AVENUE
 SARASOTA FL 34239**

Mailing Address

**5900 S TAMiami TRAIL
 SUITE I
 SARASOTA FL 34231**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0745797

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASTRONSKAS, CATHERINE L.
 5900 S TAMiami TRAIL
 SUITE I
 SARASOTA FL 34231**

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

Catherine L. Astronskas

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **MARCUS, CONNIE M**
 CITY-ST-ZIP **1634 MAIN ST
 SARASOTA FL 34236**

TITLE ☐ Change ☐ Addition
 NAME **P/ST/D**
 STREET ADDRESS **Connie M. MARCUS**
 CITY-ST-ZIP **1327 S. ORANGE AVENUE
 SARASOTA, FL
 34239**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 M. Marcus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/02

CR2E034 (9/01)

ATTACHMENT Doc#: P97000029658 | 5/2/19

CATHERINE L. ASTRONSKAS, C.P.A., P.A.

January 9, 2001

ODS Enterprises, Inc.
1327 S. Orange Avenue
Sarasota, FL 34239

Attn: Connie Marcus

Re: 2002 Uniform Business Report (UBR)

Dear Connie:

Enclosed please find a green and white form which used to be called The Florida Annual Report Form has been renamed to 2002 Uniform Business Report (UBR).

As you well know, **this form is to be signed, attach a check and mail before May 1, 2002.**

Make the check payable to **"Department of State" in the amount of \$150.00.**

After you sign, please make a copy of the form & your check for any future verification with the State if necessary.

Please remember that if you miss the deadline, the penalty is \$550.00 with no exceptions.

If you have any questions, please contact our office.

Sincerely,



Sharon Rannebarger
Associate

cc:file