

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90231 031 ***150.00

DOCUMENT # P97000047714

1. Entity Name
RODAR UPCHARGE, INC.



Principal Place of Business
**3654 CYPRESS STREET
TAMPA FL 33607**

Mailing Address
**3654 CYPRESS STREET
TAMPA FL 33607**



2. Principal Place of Business
2601 E. SECOND AVE
Suite, Apt. #, etc.

3. Mailing Address
2601 E. SECOND AVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL
Zip
33605-5503

Country
USA

City & State
TAMPA, FL
Zip
33605-5503

Country
USA

4. FEI Number
59-3448511

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

**DAHL, DARRELL A JR.
3654 CYPRESS STREET
TAMPA FL 33607**

**Address
CHANGE** →

Name

Street Address (P.O. Box Number is Not Acceptable)
2601 E. SECOND AVE

City
TAMPA

FL

Zip Code
33605-5503

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DAHL, DARRELL A JR.**
CITY-ST-ZIP **3654 CYPRESS STREET
TAMPA FL 33607**

TITLE ☒ Change ☐ Addition
NAME **2601 E. SECOND AVE**
STREET ADDRESS **TAMPA, FL 33605-5503**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NOSKOWICZ, HOWARD**
CITY-ST-ZIP **1750 UNIVERSITY DRIVE, SUITE 230
CORAL SPRINGS FL 33071**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MOSES, MICHAEL R**
CITY-ST-ZIP **1509 W. SWANN AVENUE, SUITE 100
TAMPA FL 33606**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FERRELL, WILLIAM J**
CITY-ST-ZIP **1509 W. SWANN AVENUE, SUITE 100
TAMPA FL 33606**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 19, 2003
Date

Daytime Phone #

CR2E034 (10/02)