## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # **P97000053278** Mar 17, 2000 8:00 am Secretary of State RODO, INC. 03-17-2000 90072 008 \*\*\*150.00 Mailing Address Principal Place of Business 11041 SPRING HILL DRIVE 11041 SPRING HILL DRIVE SPRING HILL FL 34608-5049 SPRING HILL FL 34608 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-345 1938 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .Name GARNER, ROY Street Address (P.O. Box Number is Not Acceptable) 3258 INDIAN GULF LANE SPRING HILL FL 34607 Zip Code tatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits th 3-10-2000 SIGNATURE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ■ Addition TITLE TITLE ☐ Delete GARNER, ROY L NAME NAME STREET ADDRESS STREET ADDRESS 3258 INDIAN GULF LANE CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34607 Change Addition ☐ Delete TITLE TITLE GARNER, DOLORES NAME 3258 INDIAN GULF LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SPRING HILL FL 34607 ☐ Change Addition Delete TITLE TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 all other like empowered.

3-10-2000