

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90001 039 \*\*\*150.00

**DOCUMENT # P97000053278**

1. Entity Name  
**RODO, INC.**

Principal Place of Business      Mailing Address  
**11041 SPRING HILL DRIVE**      **11041 SPRING HILL DRIVE**  
**SPRING HILL FL 34608**      **SPRING HILL FL 34608**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
*11041 Spring Hill Dr*      *11041 Spring Hill Dr*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Spring Hill, FL*      *Spring Hill, FL*

Zip      Country      Zip      Country  
*34608*      *Hernando*      *34608*      *Hernando*

4. FEI Number      Applied For  
**59-3451938**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**GARNER, ROY**  
**3258 INDIAN GULF LANE**  
**SPRING HILL FL 34607**

7. Name and Address of New Registered Agent  
 Name *Roy Garner*  
 Street Address (P.O. Box Number is Not Acceptable) *3258 Indian Gulf Ln*  
 City *Spring Hill*      FL      Zip Code *34607*

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 *Roy Garner*      DATE *4-9-01*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GARNER, ROY L</b> <b>3258 INDIAN GULF LANE</b> <b>SPRING HILL FL 34607</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>GARNER, DOLORES</b> <b>3258 INDIAN GULF LANE</b> <b>SPRING HILL FL 34607</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *Roy Garner*      Date *4-9-01*      Daytime Phone # *352 683 0072*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)