

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90019 033 \*\*\*150.00

**DOCUMENT # P97000087405**

1. Entity Name  
**ODE ENTERPRISES, INC.**

**650918**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <del>2340 ANDALUSIA BLVD</del> <del>CAPE CORAL FL 33909</del>	Mailing Address <del>2340 ANDALUSIA BLVD</del> <del>CAPE CORAL FL 33909-2901</del>
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2. Principal Place of Business <b>831 SW 3rd AVE</b>	3. Mailing Address <b>PO BOX 150460</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>CAPE CORAL, FL</b>	City & State <b>CAPE CORAL, FL</b>

4. FEI Number <b>65-0787397</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>O'DOUGHERTY, MICHAEL D</b> <del>2340 ANDALUSIA BLVD</del> <del>CAPE CORAL FL 33909</del>		7. Name and Address of New Registered Agent Name <b>same name change of address</b> Street Address (P.O. Box Number is Not Acceptable) <b>831 SW 3rd AVE</b> City <b>CAPE CORAL</b> FL Zip Code <b>33991</b>	
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>ODOUGHERTY, MICHAEL O</b> <del>813 SE 23RD ST</del> <del>CAPE CORAL FL 33909</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>change of address</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>831 SW 3rd AVE</b> <b>CAPE CORAL, FL</b> <del>33991</del> <b>33991</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 all other like empowered.

SIGNATURE: *Michael O'Dougherty* **04/21/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #