

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90115 028 ***150.00

DOCUMENT # P97000087405

1. Entity Name
ODE ENTERPRISES, INC.

Principal Place of Business 831 SW 3RD AVE CAPE CORAL FL 33991	Mailing Address PO BOX 150460 CAPE CORAL FL 33915
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 820 N.E. 24TH LANE #107	3. Mailing Address Suite, Apt. #, etc.
City & State CAPE CORAL, FL	City & State

4. FEI Number 65-0787397	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 33909	Country USA	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
O'DOUGHERTY, MICHAEL D
~~831 SW 3RD AVE~~
~~CAPE CORAL FL 33991~~

7. Name and Address of New Registered Agent
 Name **O'DOUGHERTY, MICHAEL D.**
 Street Address (P.O. Box Number is Not Acceptable)
820 N.E. 24TH LANE #107
 City **CAPE CORAL** FL Zip Code **33909**

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 *Michael D. O'Dougherty* 01/15/01
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, 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 PVST PVS	<input type="checkbox"/> Delete
NAME ODOUGHERTY, MICHAEL D.	
STREET ADDRESS 831 SW 3RD AVE	
CITY-ST-ZIP CAPE CORAL FL 33991	
TITLE TREASURE	<input type="checkbox"/> Delete
NAME ODOUGHERTY EVDOKIA	
STREET ADDRESS 831 SW. 3RD AV.	
CITY-ST-ZIP CAPE CORAL, FL 33991	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Michael D. O'Dougherty* 01/15/01 941-458-7646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)