

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91404 009 \*\*\*150.00

**DOCUMENT # P98000008099**



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

Principal Place of Business  
**5864 SUN POINTE CIRCLE  
BOYNTON BEACH FL 33437**

Mailing Address  
**5864 SUN POINTE CIRCLE  
BOYNTON BEACH FL 33437**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-0812945**

Applied For  
 Not Applicable

Zip Country

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

~~SAUM, ALAN~~ **Luis A. Escobar, Jr. CPA**  
~~250 KNUTH RD~~ **6209 W. Commercial Blvd**  
~~STE 220~~ **Sk # 7**  
~~BOYNTON BEACH FL 33437~~ **Et. Lauderdale, Fla.**  
**33319**

Name **HARRIS VANHENDERSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**5864 Sun Pointe Circle**  
City **Boynton Bch** **FL** Zip Code **33437**

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 *Harris VanHenderson*  
Signature, typed or printed name of registered agent and title if applicable. (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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WADDELL, CHRISTOPHER</b>
STREET ADDRESS	<b>5864 SUN POINTE CIRCLE</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>VANHENDERSON, HARRIS</b>
STREET ADDRESS	<b>5864 SUN POINTE CIRCLE</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>VANHENDERSON, JOYCE</b>
STREET ADDRESS	<b>5864 SUN POINTE CIRCLE</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Harris VanHenderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-25-03** Daytime Phone # **734-7501**

CR2E034 (10/02)