

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 16, 2000 8:00 am
Secretary of State

05-02-2000 90079 036 ***150.00

DOCUMENT # P98000059078

1. Entity Name

BODRICK AND ASSOCIATES, INC.

Principal Place of Business

1635 S RIDGEWOOD AVENUE
SUITE 102
SOUTH DAYTONA FL 32119
US

Mailing Address

1635 S RIDGEWOOD AVENUE
SUITE 102
SOUTH DAYTONA FL 32119-8425
US

2. Principal Place of Business

2715 N. HARBOR City
Suite, Apt. #, etc. 9

3. Mailing Address

2715 N. HARBOR City
Suite, Apt. #, etc. 9

City & State

MELBOURNE FL

Zip 32935

Country BREVARD

City & State

MELBOURNE FL

Zip 32935

Country BREVARD

4. FEI Number

59-3528433

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BODRICK, LORI A
4340 S. HOPKINS AVE
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name LORI A BODRICK

Street Address (P.O. Box Number is Not Acceptable)

2715 N. HARBOR City Blvd. Ste 9.

City MELBOURNE

FL

Zip Code 32935

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered agent signature required when reinstating)

4/18/00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	BODRICK, JETHRO T	
STREET ADDRESS	1635 S RIDGEWOOD AVENUE, STE 102	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BODRICK, LORI A	
STREET ADDRESS	2715 N. HARBOR City Blvd. Ste 9	
CITY-ST-ZIP	MELBOURNE, FL 32935	
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
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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	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODRICK JETHRO T	
STREET ADDRESS	2715 N. HARBOR City Blvd, Ste. 9	
CITY-ST-ZIP	MELBOURNE, FL 32935	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

Daytime Phone #

321-751-3709

CR2E034 (9/99)