

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90026 036 ***150.00

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DOCUMENT # P98000062904

1. Entity Name
THE ODD ROOM INC.

Principal Place of Business
3800 TAMPA ROAD #190
OLDSMAR FL 34677

Mailing Address
3800 TAMPA ROAD #190
OLDSMAR FL 34677

UUU64465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3800 Tampa Rd 190

3. Mailing Address
3800 Tampa Rd

Suite, Apt. #, etc.
#190

Suite, Apt. #, etc.
190

City & State
OLDSMAR FL

City & State
OLDSMAR FL

4. FEI Number
59-3523280

Applied For
 Not Applicable

Zip
34677

Country
FLORIDA

Zip
34677

Country
FLORIDA

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

HOERSCH, JEFF
3800 TAMPA RD STE 190
OLDSMAR FL 34677

Name

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

City

FL

Zip Code

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)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
 NAME
HOERSCH, JEFF
 STREET ADDRESS
2800 TAMPA RD #180
 CITY-ST-ZIP
OLDSMAR FL 34677

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-818-9102

CR2E034 (5/01)