

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90229 043 \*\*\*150.00

**DOCUMENT # P98000088437**

1. Entity Name  
**ODEN CONTRACTING, INC.**

Principal Place of Business

**1949 SW 67TH DR.  
 OKEECHOBEE FL 34974**

Mailing Address

**1949 SW 67TH DR.  
 OKEECHOBEE FL 34974**

**13359 NE 7 TERR SA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Okeechobee FL**

City & State

4. FEI Number

**65-0869922**

Applied For

Not Applicable

Zip

**34972**

Country

**Okeechobee**

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

**ODEN, DONNIE**

**1949 SW 67TH DR.**

**OKEECHOBEE FL 34974**

Name

**ODEN, DONNIE**

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

**13359 NE 7 TERR.**

City

**Okeechobee**

FL

Zip Code

**34972**

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 *Donnie Oden*

**07/02/02**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **ODEN, DONNIE**  
 STREET ADDRESS **1949 SW 67TH DR**  
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **ODEN, BILLYE**  
 STREET ADDRESS **1949 SW 67TH DR**  
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **ODEN, BILLYE**  
 STREET ADDRESS **1949 SW 67TH DR**  
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **ODEN, DONNIE**  
 STREET ADDRESS **1949 SW 67TH DR**  
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Donnie Oden*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/02/02 863-763-8454**  
 Day Daytime Phone #

CR2E034 (9/01)

*Attachment*  
# 798 0000 88437  
119205

**Oden Contracting, Inc.**

Telephone (863) 763- 8454

13359 N.E. 7 TERR.

Fax (863) 763-3049

Okeechobee, FL 34972

July 2 2002

Division Of Corporations

I called your office on July 2,2002 and spoke to Chris and I told her that we had moved and had a problem with our mail. She told me to just mail one hundred fifty dollars for the fee.

She was very helpful . Sometimes thing happen that we have no control over.

*Thanks, Billie Oden*