

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**  
 02-29-2000 90169 019 \*\*\*150.00

**DOCUMENT # P99000002264**

1. Entity Name  
**ODD JOBS OUR SPECIALTY, INC.**

Principal Place of Business		Mailing Address	
ATLANTIC BOULEVARD, #12 JACKSONVILLE FL 32207		4604 ATLANTIC BOULEVARD, #12 JACKSONVILLE FL 32207-1119	
2. Principal Place of Business 2015 Lem Turner Rd Suite, Apt. #, etc.		3. Mailing Address 2015 Lem Turner Rd Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State CAULAHAN FL		City & State CAULAHAN FL		4. FEI Number 59-3551772		Applied For Not Applicable	
Zip 32011		Country USA		Zip 32011		Country USA	
6. Name and Address of Current Registered Agent CAUDLE, FRANCES M 4604 ATLANTIC BOULEVARD, #12 JACKSONVILLE FL 32207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2015 Lem Turner Road City CAULAHAN FL Zip Code 32011			

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 Frances M. Caudle FRANCES M. CAUDLE 2/21/2000  
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAUDLE, HENRY E JR. 11772 V.C. JOHNSON ROAD JACKSONVILLE FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAUDLE, ROBIN D 11772 V.C. JOHNSON ROAD JACKSONVILLE FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAUDLE, ANTHONY W. 11772 V.C. JOHNSON ROAD JACKSONVILLE FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ROBIN D. CAUDLE 2/21/2000 904-822-5453  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)