

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014294

1. Entity Name

ROGER R. OBODICH, INC.

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90016 043 ***550.00

Principal Place of Business

~~10254 ALLENWOOD DRIVE~~
~~RIVERVIEW FL 33569~~

1524 LINHART AVE
FORT MYERS, FL 33901

Mailing Address

10254 ALLENWOOD DRIVE
RIVERVIEW FL 33569

2. Principal Place of Business

1524 LINHART AVE

3. Mailing Address

1524 LINHART AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS FL

City & State

FORT MYERS, FL

4. FEI Number

59-3556629

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

33901

Country

USA

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

OBODICH, ROGER R

~~10254 ALLENWOOD DRIVE~~
~~RIVERVIEW FL 33569~~

1524 LINHART AVE
FORT MYERS, FL 33901

1-941-226-4915

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

Roger R. Obodich

7/18/00

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 13, 2000 Min. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OBODICH, ROGER R
10254 ALLENWOOD DRIVE
RIVERVIEW FL 33569 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1524 LINHART AVE
FORT-MYERS, FL-33901 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00

941-433-2323

Date

Daytime Phone #

EXT

254