

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024870

1. Entity Name

ODAYCO, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90038 048 ***150.00

Principal Place of Business

Mailing Address

ST. GEORGES CT.
FL 34746

4476 ST. GEORGES CT.
KISSIMMEE FL 34746

2. Principal Place of Business

8202 WESTMINSTER ABBEY

Suite, Apt. #, etc.

3. Mailing Address

8202 WESTMINSTER ABBEY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
59-3568337

Applied For
Not Applicable

Zip
32835

Country
ORANGE

Zip
32835

Country
ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILZER, SCOT A
1155 S. SEMORAN BLVD., STE. 3-1142
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name
QUTTEINA, KARIM

Street Address (P.O. Box Number is Not Acceptable)
8202 WESTMINSTER ABBEY

City
ORLANDO

FL Zip Code
32835

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

2/14/2000

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	PD	<input type="checkbox"/> Delete
NAME	QUTTEINA, KARIM W	
STREET ADDRESS	4476 ST. GEORGES CT.	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	STD	<input type="checkbox"/> Delete
NAME	AL-MASRI, RANDA	
STREET ADDRESS	4476 ST. GEORGES CT.	
CITY-ST-ZIP	KISSIMMEE FL 34746	
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
NAME		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8202 WESTMINSTER ABBEY	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8202 WESTMINSTER ABBEY	
CITY-ST-ZIP	ORLANDO, FL 32835	
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

Date

Daytime Phone #

2/14/2000 407-616-7978

CR2E034 (9/99)