## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P9900063248 1. Entity Name D. G. O'DELL, INC. 4-27-2001 90338 041 \*\*\*150.00 Principal Place of Business Mailing Address DAVID G. O'DELL. RN. BSN. LMT DAVID G. O'DELL, RN, BSN, LMT 1532 KINGSLEY AVENUE, SUITE #101 1532 KINGSLEY AVENUE, SUITE #101 ORANGE PARK FL 32073-4526 ORANGE PARK FL 32073-4526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3588561 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'DELL, DAVID G Street Address (P.O. Box Number is Not Acceptable) 1532 KINGSLEY AVENUE **SUITE #101** ORANGE PARK FL 32073-4526 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent's gnature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE TITLE ☐ Delete ☐ Change Adoition O'DELL, DAVID G NAME NAM8 STREET ADDRESS 1532 KINGSLEY AVENUE, #101 STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 32073-4526 CITY-ST-7P TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITE. Deleta TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITLE TITL S Change ☐ Addit on NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZYP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(10/00)

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