

FILED
Mar 24, 2003 8:00 am
Secretary of State

02-11-2003 90073 019 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063248

1. Entity Name

D. G. O'DELL, INC.



Principal Place of Business

DAVID G. O'DELL RN-BSN-LMT *ARNP, PC*
1532 KINGSLEY AVENUE SUITE #101
ORANGE PARK FL 32073-4520

Mailing Address

DAVID G. O'DELL RN-BSN-LMT *ARNP, PC*
PO BOX 7156
ORANGE PARK FL 32073

2. Principal Place of Business

PO Box 7156
Suite, Apt. #, etc.
1507 Wild Iris Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orange Park FL

City & State

City & State

Zip

32073-4520

Country

Zip

Country

4. FEI Number

59-3588561

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'DELL, DAVID G
PO BOX 7156
ORANGE PARK FL 32073

*1507 Wild Iris Ln
Orange Park, FL
32003*

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when re-registering)

DATE

2/10/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'DELL, DAVID G
PO BOX 7156
ORANGE PARK FL 32073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/10/03 904/552-6501