

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2000 8:00 am**  
**Secretary of State**  
 09-08-2000 90005 021 \*\*\*550.00

**DOCUMENT # P99000081936**

1. Entity Name  
**BODEWEST, INC.**

Principal Place of Business  
**3870 CENTRAL AVE.,STE.112**  
**FT. MYERS FL 33901**

Mailing Address  
**3870 CENTRAL AVE.,STE.112**  
**FT. MYERS FL 33901**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**26107 Hickory Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**26107 Hickory Blvd**  
 Suite, Apt. #, etc.

City & State  
**BONITA SPRINGS**  
 Zip  
**34134** Country  
**LEE**

City & State  
**BONITA SPRINGS**  
 Zip  
**34134** Country  
**LEE**

4. FEI Number  
**05-0955074**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVE.**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name  
**MICHAEL M BODE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**26107 Hickory Blvd**  
 City  
**BONITA SPRINGS** FL Zip Code  
**34134**

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

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>BODE, MICHAEL M</b> <b>3870 CENTRAL AVE.,STE.112</b> <b>FT. MYERS FL 33901</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BODE, RUTH A</b> <b>3870 CENTRAL AVE.,STE.112</b> <b>FT. MYERS FL 33901</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>BODE, MICHAEL M</b> <b>11817 FOREST MEDE DR.</b> <b>BONITA SPRINGS FL 34135</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BODE, RUTH A.</b> <b>11817 FOREST MEDE DR</b> <b>BONITA SPRINGS FL 34135</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9.1.00 (941)992.0921**  
 Date Date/Time Phone #

CR2E034 (5/00)