

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085890

1. Entity Name

RHODEN & ASSOCIATES INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90074 041 ***150.00

Principal Place of Business

Mailing Address

6155 S. FLORIDA AVE. SUITE 9
LAKELAND FL 33813

6155 S. FLORIDA AVE. SUITE 9
LAKELAND FL 33813-3323

2. Principal Place of Business

3. Mailing Address

6155 S. Fla. Ave.
Suite, Apt. #, etc.
Suite 9

P.O. Box 5521
Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number
59-3613744

Applied For
Not Applicable

Zip
33813

Country
US

Zip
33807

Country
US

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

RHODEN, H. N.
5309 SERRENTO CT.
LAKELAND FL 33813

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)

4/1/00
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
H. N. Rhoden
5309 Serrento Cr.
Lakeland, FL 33813 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secy - Treas
H. N. Rhoden
5309 Serrento Cr.
Lakeland, FL 33813 ☐ Delete

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

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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:

H. N. Rhoden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00
date

709-1925
Daytime Phone #

CR2E034 19/99