

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S82068

1. Entity Name

RODNEY'S ENTERPRISES, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90081 036 ***150.00

Principal Place of Business 5790 BROOKLYN AVE SARASOTA FL 34231 US	Mailing Address: 5790 BROOKLYN AVE SARASOTA FL 34231-8417 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0168668		Applied For
		Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UNDERDAHL, ROD 3737 WARREN RIDGE ST. 4965 Southern Wood Dr SARASOTA FL 34233 SARASOTA, FL 34241	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNDERDAHL, ROD 3737 WARREN RIDGE ST. SARASOTA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Underdahl, Rod 4965 Southern Wood Dr SARASOTA, FL 34241
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ De/ete	TITLE NAME 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-00 941-927-2911

CR2E034 (9/99)