

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90018 018 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # S94192			
1. Entity Name O'DELL INSULATION COMPANY			
Principal Place of Business 3346 ELFERS PARKWAY NEW PORT RICHEY FL 34655		Mailing Address P O BOX 1731 PALM HARBOR FL 34682-1731 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4143 Kirkaldy Dr Suite, Apt. #, etc.	
City & State		City & State Palm Harbor, FL	
Zip	Country	Zip	Country
34685		34685	FL
6. Name and Address of Current Registered Agent O'DELL, JERRY D. 554 CHANNEL ST PALM HARBOR FL 34684		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4143 Kirkaldy Dr. City Palm Harbor, FL 34685 FL Zip Code 34685	
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 _____ (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. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DELL, JERRY D. 554 CHANNEL CT PALM HARBOR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4143 Kirkaldy Dr Palm Harbor, FL 34685 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DELL, SHARENE H. 554 CHANNEL CT PALM HARBOR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4143 Kirkaldy Dr. Palm Harbor, FL 34685 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jerry O'Dell SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-02-01 727)939-1761 Date Daytime Phone #	

CR2E034 (10/00)