

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S94192

1. Entity Name
O'DELL INSULATION COMPANY

Principal Place of Business
3346 ELFERS PARKWAY
NEW PORT RICHEY FL 34655

Mailing Address
4143 KIRKALDY DR
PALM HARBOR FL 34685
US

2. Principal Place of Business

3053 GAND BLVD.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

Zip

34655

Country

USA

City & State

Zip

Country

4. FEI Number

59-3088119

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'DELL, JERRY D.
4143 KIRKALDY DR
PALM HARBOR FL 34685

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.

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 \$150.00
After May 1, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O'DELL, JERRY D.
4143 KIRKALDY DR
PALM HARBOR FL 34685

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O'DELL, SHARENE H.
4143 KIRKALDY DR
PALM HARBOR FL 34685

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-02 (727) 939-1761

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90026 015 ***150.00



DO NOT WRITE IN THIS SPACE

05/09/01 AV

CR2E034 (9/01)