

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90106 003 ***550.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # V11614

1. Entity Name
DONALD R. RHODES, CPA, P.A.

Principal Place of Business
1402 SE 46TH LANE
CAPE CORAL FL 33904
US

Mailing Address
1402 SE 46TH LANE
CAPE CORAL FL 33904
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0311884

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RHODES, DONALD R.
1402 SE 46TH LANE
CAPE CORAL FL 33904

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 \$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
PST
RHODES, DONALD R.
1401 SE 46TH LN
CAPE CORAL FL
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RHODES, DONALD R.
1402 SE 46TH LANE
CAPE CORAL FL
Delete
TITLE
NAME
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CITY-ST-ZIP
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition
TITLE
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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
8/14/00
941-945-2271
Date
Daytime Phone #

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[Barcode]

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