

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90053 029 \*\*\*150.00

**DOCUMENT # 345337**

1. Entity Name

ODOM HARDWOOD PRODUCTS, INC.



Principal Place of Business

1430 S FIRST STREET

SUITE C

LAKE CITY FL 32025

Mailing Address

1430 S FIRST STREET

SUITE C

LAKE CITY FL 32025

2. Principal Place of Business

840 SW Main Blvd, Ste 101

Suite, Apt. #, etc.

Ste 101

3. Mailing Address

840 SW Main Blvd

Suite, Apt. #, etc.

Suite 101



☐ = CHECK HERE IF MAKING CHANGES

City & State

Lake City FL

City & State

Lake City FL

4. FEI Number

59-1267732

Applied For

Not Applicable

Zip

32025

Country

Zip

32025

Country

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

ODOM, D B  
1430 S FIRST STREET  
SUITE C  
LAKE CITY FL 32025

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ODOM, J. L.  
STREET ADDRESS 1430 S FIRST STREET SUITE C  
CITY-ST-ZIP LAKE CITY FL 32025

TITLE PD ☒ Change ☐ Addition  
NAME Odom, J.L.  
STREET ADDRESS 840 SW Main Blvd, Ste 101  
CITY-ST-ZIP Lake City, FL 32025

TITLE VSD ☐ Delete  
NAME ODOM, D. B.  
STREET ADDRESS 1430 S FIRST STREET SUITE C  
CITY-ST-ZIP LAKE CITY FL 32025

TITLE VSD ☒ Change ☐ Addition  
NAME Odom, D.B.  
STREET ADDRESS 840 SW Main Blvd, Ste 101  
CITY-ST-ZIP Lake City, FL 32025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(386) 758-5610

CR2E034 (10/02)