

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90003 031 ***158.75

0623536
AT

DOCUMENT # 596535

1. Entity Name

SOUTHERN ORNAMENTALS, INC.

Principal Place of Business

D/B/A SANTA'S PLACE
120 EAST CENTRAL STREET
HARLAN KY 40831
US

Mailing Address

101 S. FIRST STREET
120 EAST CENTRAL STREET
HARLAN KY 40831
US

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

59-1865763

Applied For

Not Applicable

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

SHAFER, JEFFREY A
MINTMIRE & ASSOCIATES
265 SUNRISE AVENUE, STE. 204
PALM BEACH FL 33480

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENNETT, RUBY	
STREET ADDRESS	120 EAST CENTRAL STREET	
CITY-ST-ZIP	HARLAN KY 40831	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROWE, MONA	
STREET ADDRESS	96 WARREN ROAD	
CITY-ST-ZIP	CUMBERLAND KY	
TITLE	AST	<input type="checkbox"/> Delete
NAME	BENNETT, MARY E	
STREET ADDRESS	120 EAST CENTRAL STREET	
CITY-ST-ZIP	HARLAN KY	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENNETT, BENJAMIN R	
STREET ADDRESS	120 EAST CENTRAL STREET	
CITY-ST-ZIP	HARLAN KY	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BENNETT, SARAH J	
STREET ADDRESS	120 EAST CENTRAL STREET	
CITY-ST-ZIP	HARLAN KY	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	ROWE, ALBERT E	
STREET ADDRESS	120 EAST CENTRAL STREET	
CITY-ST-ZIP	HARLAN KY	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Ruby R. Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-16-02 (606) 573-4645

CR2E034 (9/01)