

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90972 008 ***150.00

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

☐ CHECK HERE IF MAKING CHANGES

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

SHAFFER, 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. 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
NAME BENNETT, RUBY
STREET ADDRESS 120 EAST CENTRAL STREET
CITY-ST-ZIP HARLAN KY 40831 ☐ Delete

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

TITLE S
NAME ROWE, MONA
STREET ADDRESS 96 WARREN ROAD
CITY-ST-ZIP CUMBERLAND KY ☐ Delete

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

TITLE AST
NAME BENNETT, MARY E
STREET ADDRESS 120 EAST CENTRAL STREET
CITY-ST-ZIP HARLAN KY ☐ Delete

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

TITLE V
NAME BENNETT, BENJAMIN R
STREET ADDRESS 120 EAST CENTRAL STREET
CITY-ST-ZIP HARLAN KY ☐ Delete

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

TITLE AS
NAME BENNETT, SARAH J
STREET ADDRESS 120 EAST CENTRAL STREET
CITY-ST-ZIP HARLAN KY ☐ Delete

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

TITLE AVP
NAME ROWE, ALBERT E
STREET ADDRESS 120 EAST CENTRAL STREET
CITY-ST-ZIP HARLAN KY ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)