

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90028 036 ***150.00

DOCUMENT # F95000000823

1. Entity Name

SOD SOLUTIONS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 460
MT. PLEASANT SC 29465

P.O. BOX 460
MT. PLEASANT SC 29465

LUU43013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4885 SeeWee Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Awendaw, SC

City & State

SE

Zip

Country

Charleston

Zip

Country

4. FEI Number 57-0998901

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

DOUGLAS, GREG
1088 OLD COVENTRY CT
OVIEDO FL 32765

Name Gregory S. Douglas

Street Address (P.O. Box Number is Not Acceptable)

PMB 211

2200 Winter Springs Blvd. - Suite 106

City Oviedo

FL

Zip Code 32765

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

Greg S. Douglas

GREG S. DOUGLAS

4/3/01

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, 2001 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 PDC
NAME WAGNER, TOBEY A
STREET ADDRESS 1918 OMNI BLVD.
CITY-ST-ZIP MT. PLEASANT SC 29464 ☐ Delete

TITLE CFO/Vice President
NAME Thomas Cleveland Hendrix
STREET ADDRESS 7797 Russell Creek Drive
CITY-ST-ZIP Edisto Island, SC 29438 ☐ Change ☒ Addition

TITLE S
NAME WAGNER, LEE A
STREET ADDRESS 1918 OMNI BLVD.
CITY-ST-ZIP MT. PLEASANT SC 29464 ☐ Delete

TITLE Director
NAME Gregg Thomas Hendrix
STREET ADDRESS 117 Hollow Cove Rd.
CITY-ST-ZIP Lexington, SC 29072 ☒ Change ☐ Addition

TITLE D
NAME GREGG, THOMAS HENDRIX
STREET ADDRESS 107 LOCKWOOD DR
CITY-ST-ZIP LEXINGTON SC 29072 ☐ Delete

TITLE Vice President
NAME Gregory S. Douglas
STREET ADDRESS 3176 Linksland Rd.
CITY-ST-ZIP Mt. Pleasant, SC 29466 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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:

Lee Ann Wagner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/01

Date

843-849-1288

Daytime Phone #

CR2E034 (10/00)