

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90146 027 ***150.00

DOCUMENT # M35557

1. Entity Name

SOUTHERN TRADITIONS OF SERVICE, INC.

Principal Place of Business

% JACK B. OLSEN
 300 49TH STREET SOUTH
 ST. PETERSBURG FL 33707-1928

Mailing Address

% JACK B. OLSEN
 300 49TH STREET SOUTH
 ST. PETERSBURG FL 33707-1928

00000464



2. Principal Place of Business

340 49th Street So.

3. Mailing Address

340 49th Street S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-2741767

Applied For

Not Applicable

Zip

Country

33707

Pinellas

Zip

Country

33707

Pinellas

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLSEN, JACK B.

300 49TH STREET SOUTH
 ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name (same) Jack B. Olsen

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

340 49th Street South

City St. Petersburg

FL

Zip Code

33707

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, registered agent and title if applicable

JACK B. OLSEN

4-8-2002

(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

TITLE PSD
 NAME OLSEN, JACK B.
 STREET ADDRESS 300 49TH STREET SOUTH
 CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE (same) Jack B. Olsen ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 340 49th Street So.
 CITY-ST-ZIP ST. Petersburg, FL 33707 ☐ Change ☐ Addition

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

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

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

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

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 addendum, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK B. OLSEN

4-8-2002

Date

(727) 323-4266

Daytime Phone #

CR2E034 (9/01)