

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2002 8:00 am  
Secretary of State

02-28-2002 90024 015 \*\*\*\*61.25

DOCUMENT # N99000003310

1. Entity Name

SON FLOWER HOME, INC.

Principal Place of Business

Mailing Address

479 TERRELL ROAD  
WAUCHULA FL 33873

P.O. BOX 1704  
WACHULA FL 33873

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0878513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, PATRICIA HELEN  
479 TERRELL ROAD  
WAUCHULA FL 33873

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME SMITH, PATRICIA  
STREET ADDRESS 479 TERRELL RD.  
CITY-ST-ZIP WAUCHULA FL 33873 ☐ Delete

TITLE ☐ Change ☒ Addition  
NAME TERESSA KELLER  
STREET ADDRESS 477 TERRELL RD.  
CITY-ST-ZIP WAUCHULA FL 33873

TITLE D  
NAME GILLIARD, TIPPIE  
STREET ADDRESS 620 CROSSCREEK LN.  
CITY-ST-ZIP WAUCHULA FL 33873 ☒ Delete

TITLE ☐ Change ☒ Addition  
NAME JOANNE S. CROCK  
STREET ADDRESS 300 N. FLORIDA AVE  
CITY-ST-ZIP WAUCHULA FL 33873

TITLE D  
NAME PARSLEY, ALICE  
STREET ADDRESS 6912 NE COUNTY RD. 660  
CITY-ST-ZIP ARCADIA FL 34265 ☐ Delete

TITLE D  
NAME JEFF RAMSLAND  
STREET ADDRESS 131 N. 8TH AVE  
CITY-ST-ZIP WAUCHULA FL 33873 ☐ Change ☒ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME RACHEL THOMAS  
STREET ADDRESS 479 TERRELL RD  
CITY-ST-ZIP WAUCHULA FL 33873 ☐ Change ☒ Addition

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 617, 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: Patricia H. Smith Director 2/18/02 (863) 773-3622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)