2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State
01-29-2002 90016 017 ***150.00

DOCUMENT # P00000059395

1. Entity Name
DONALD M. ODOM, JR., INC.

Principal Place of Business	Mailing Address
22210 OLD PROVIDENCE ROAD ALACHUA FL 32615	22210 OLD PROVIDENCE ROAD ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
12538 N.W. 109th Lane		P.O. Box 1180	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Alachua FL.		City & State: Alachua FL	
Zip: 32615	Country: Alachua	Zip: 32616	Country: Alachua

4. FEI Number 59-3670710 ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

ODOM, DONALD M JR
22210 OLD PROVIDENCE ROAD
ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name: Odom, Donald M. Jr.
Street Address (P.O. Box Number is Not Acceptable): 12538 N.W. 109th Lane
City: Alachua FL Zip Code: 32615

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 NAME STREET ADDRESS CITY-ST-ZIP	D ODOM, DONALD M JR 22210 OLD PROVIDENCE ROAD ALACHUA FL 32615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Odom, Donald. M. Jr. 12538 N.W. 109TH LANE Alachua FL. 32615	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: [signature] Donald M. Odom Sr. 1-14-02 386-462-3276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #