

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90128 022 ***150.00

627930



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000070287			
1. Entity Name SOSHOP, INC.			
Principal Place of Business 3721 E 7TH ST PANAMA CITY FL 32401		Mailing Address 3721 E 7TH ST PANAMA CITY FL 32401	
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		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SELF, SHIRLEY J 3721 E 7TH ST PANAMA CITY FL 32401			
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent; signature required when reinstating)</small> DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS	SELF, SHIRLEY J		
CITY - ST - ZIP	3721 E 7TH ST PANAMA CITY FL 32401		
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS	ODOM, JOHN H		
CITY - ST - ZIP	4736 HWY 90 E MARIANNA FL 32446		
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	Delete <input type="checkbox"/>	
STREET ADDRESS			
CITY - ST - ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			
CITY - ST - ZIP			
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: <u>Shirley J. Odom</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

2-26-01 850-271-8383
Date Daytime Phone #

CR2E034 (10/00)