

2001 UNIFORM BUSINESS REPORT (UBR)

5/10

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-10-2001 90187 030 ***150.00

DOCUMENT # P00000079709

1. Entity Name

SOD SENSATIONS, INC.

Principal Place of Business

Mailing Address

1049 E. GARDEN PL.
 PAHOKEE FL 33476

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 PAHOKEE FL 33476

2. Principal Place of Business

1049 E Garden Pl
 Suite, Apt. #, etc.

3. Mailing Address

same
 Suite, Apt. #, etc.

City & State

Pahokee FL

City & State

same

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WISEMAN, CHARLES
 1049 E. GARDEN PL.
 PAHOKEE FL 33476

7. Name and Address of New Registered Agent

Name

N/A

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

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Charles B. Wiseman	
STREET ADDRESS	1049 East Garden Pl.	
CITY-ST-ZIP	Pahokee FL 33476	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Debbie Larrimore	
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Eric Wiseman	
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Charles B. Wiseman

Charles Barrett Wiseman 5619247176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)