

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90201 001 \*\*\*150.00  
 07-15-2002 90201 002 \*\*\*\*\*8.75

97156



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P01000115379**

1. Entity Name  
 SOUTHERN HOME CREATIONS, INC.

Principal Place of Business  
 9601 BRANTWOOD BLVD  
 NAVARRE FL 32566

Mailing Address  
 9601 BRANTWOOD BLVD  
 NAVARRE FL 32566

2. Principal Place of Business  
 4013 Fielder ST.  
 Suite, Apt. #, etc.

3. Mailing Address  
 4013 Fielder ST.  
 Suite, Apt. #, etc.

City & State  
 TAMPA, FL  
 Zip  
 33611-2212  
 Country  
 U.S.

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 TAMPA FL  
 Zip  
 33611-2212  
 Country  
 U.S.

4. FEI Number  
 01-0665729

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

ODELL, STEVE  
 9601 BRANTWOOD BLVD  
 NAVARRE FL 32566

**7. Name and Address of New Registered Agent**

Name  
 Steven C. Odell  
 Street Address (P.O. Box Number is Not Acceptable)  
 4013 Fielder ST.  
 City  
 TAMPA FL Zip Code  
 33611-2212

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Steven C. Odell DATE 7-10-02  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEVEN C. Odell 4013 Fielder ST. TAMPA, FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE: Steven C. Odell  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7-10-02 Daytime Phone # 813 902 0995

CR2E034 (4/02)