FILED
Feb 25, 2003 8:00 am
Secretary of State
02-25-2003 90141 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80040181

DOCUMENT # P01000118769

1. Entity Name
SOD SERVICES, INC.

Principal Place of Business	Mailing Address
208 N PARROTT AVE OKEECHOBEE, FL 34972	208 N PARROTT AVE OKEECHOBEE, FL 34972

2. Principal Place of Business	3. Mailing Address
2104 SW 3rd St. Suite, Apt. #, etc.	P.O. Box 457 Suite, Apt. #, etc.
City & State: Okeechobee, FL	City & State: Okeechobee FL
Zip: 34974 Country:	Zip: 34973 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 03-0378138 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, PAMELA S 208 N PARROTT AVE OKEECHOBEE, FL 34972	Name: Judson Shurley Street Address (P.O. Box Number is Not Acceptable): 2104 SW 3rd St. City: Okeechobee FL Zip Code: 34974

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: X [signature] 2/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE P,D	Amy M. Shurley	☐ Change ☒ Addition
NAME	WILLIAMS, PAMELA S		NAME		
STREET ADDRESS	208 N PARROTT AVE		STREET ADDRESS	PO Box 457	
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP	Okeechobee, FL 34973	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE VP, D	Amanda Rucks	☐ Change ☒ Addition
			NAME		
			STREET ADDRESS	8606 SW 2nd St.	
			CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE S,D	Judson Shurley	☐ Change ☒ Addition
			NAME		
			STREET ADDRESS	P.O. Box 457	
			CITY-ST-ZIP	Okeechobee, FL 34973	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE T,D	Jonathon Eric Rucks	☐ Change ☒ Addition
			NAME		
			STREET ADDRESS	8606 SW 2nd St.	
			CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE		☐ Change ☐ Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE		☐ Change ☐ Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

CR2E034 (10/02)

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 607, 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: X [signature] 2/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #