

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90052 032 \*\*\*150.00

**DOCUMENT # P95000061583**

1. Entity Name  
**SOUTHERN LACE, INC.**

Principal Place of Business  
**5135 HAYWOOD RUFFIN RD.**  
**ST. CLOUD FL 34771**  
**US**

Mailing Address  
**5135 HAYWOOD RUFFIN RD.**  
**ST. CLOUD FL 34771**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1275 BENNETT DRIVE**

Suite, Apt. #, etc.

**UNIT 118**

City & State

**LONGWOOD FL**

Zip

**32750**

Country

**SEMINOLE**

3. Mailing Address

**1275 BENNETT DRIVE**

Suite, Apt. #, etc.

**UNIT 118**

City & State

**LONGWOOD FL**

Zip

**32750**

Country

**SEMINOLE**

4. FEI Number

**59-3330247**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ECKENRODE, PAMELA A.**  
**5135 HAYWOOD RUFFIN RD.**  
**ST. CLOUD FL 34771**

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

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

TITLE **PSTD** ☐ Delete  
 NAME **ECKENRODE, PAMELA A**  
 STREET ADDRESS **5135 HAYWOOD RUFFIN RD**  
 CITY-ST-ZIP **SAINT CLOUD FL 34771**

TITLE **VPD** ☐ Delete  
 NAME **ECKEMRODE, JOHN R**  
 STREET ADDRESS **5135 HAYWOOD RUFFIN RD**  
 CITY-ST-ZIP **SAINT CLOUD FL 34771**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

**PAMELA A. ECKENRODE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02**  
 Date

**407-834-8200**  
 Daytime Phone #