2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91598 043 ***150.00

DOCUMENT # P95000089034

1. Entity Name
ODOM'S INTERIORS, INC

2. Principal Place of Business
350 ALEXANDER ST
MOUNT DORA, FL 32757

3. Mailing Address
350 ALEXANDER
MOUNT DORA, FL [redacted]

Street Address, Apt. #, etc.

City & State

Country | Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3357335
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BRYIE, CLARISSA O.
7362 LAKE OLA DR.
TANGERINE, FL 32777

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 (Required when reinstating) DATE

9. If this corporation is eligible to satisfy its intangible tax requirement and elects to do so (see reverse side) ☐

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

☐ Delete
P
BRYIE, CLARISSA O.
7362 LAKE OLA DR
TANGERINE, FL 32777

☐ Delete
VP
BRYIE, DAVID A
7362 LAKE OLA DR
TANGERINE, FL 32777

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add/Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add/Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add/Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add/Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add/Delete

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 added in an attachment with an address, with all other like empowered.

SIGNATURE: ✓ Abe Garman ABE GARMAN, ACCOUNTANT ✓ 5-1-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #