FILED
Jun 11, 2002 8:00 am
Secretary of State
06-11-2002 90152 014 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106587

1. Entity Name
Odom & Associates INC

DO NOT WRITE IN THIS SPACE

117637

2. Principal Place of Business		3. Mailing Address	
3910 US HW 301 N		3910 US HW 301 N	
Suite, Apt. #, etc. 125		Suite, Apt. #, etc. 125	
City & State Tampa FL		City & State Tampa FL	
Zip 33619	Country Hillsborough	Zip 33619	Country Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3614083 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Ersula Odom
Street Address (P.O. Box Number is Not Acceptable) 3704 E Rivergrove Dr
City Tampa FL Zip Code 33610

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TITLE	
NAME	ERSULA KNOX ODOM	NAME	
STREET ADDRESS	3704 E RIVERGROVE DR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ersula K. Odom Ersula K. Odom 5-7-02 813 740 1940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #