

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90032 018 ***150.00

DOCUMENT # 548245
 1. Entity Name
SOUTHERN MONUMENT STUDIO, INC.

Principal Place of Business 404 N BOULEVARD EAST LEESBURG FL 34748	Mailing Address 404 N BOULEVARD EAST LEESBURG FL 34748-5247
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1771030** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**TAYLOR, L E
 1029 WEST MAGNOLIA STREET
 LEESBURG, FLORIDA
 32748**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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	VD	<input type="checkbox"/> Delete
NAME	JAGGERS, SUSANNE S.	
STREET ADDRESS	404 N. BLVD. EAST	
CITY-ST-ZIP	LEESBURG FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEPHENSON, EMILY E.	
STREET ADDRESS	404 N. BLVD. EAST	
CITY-ST-ZIP	LEESBURG FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STEPHENSON, BILLY	
STREET ADDRESS	404 N. BOULEVARD E.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEPHENSON, MARY SUE	
STREET ADDRESS	404 N. BOULEVARD E.	
CITY-ST-ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Mary Sue Stephenson Mary Sue Stephenson 1-7-00 352-787-3261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #