2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

H16575 **DOCUMENT #**

1. Entity Name

SOUTHERN DELIGHT ENTERPRISES, INC.



FILED Mar 12, 2003 8:00 am & Secretary of State 03-12-2003 90131 022 ***150.00

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	e of Business		Mailir	ig Address	8 5 m 5 0	77.74.35	1.33	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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US			US								
2. Principal Place of Business 3. Mailing Address											01011 01011 10 3 5
Suite, Apt. #, etc. Suite, Apt. #, etc.								☐ CHECK HERE IF MAKING CHANGES			
City & State City & State								4. FEI Number FO CASESTE		pplied For	
Only & State								59-2435875		 	ot Applicable
Zip	Country Zip				Count	trv				\$8.75 Ad	
٠٦					000/11	,		5. Certificate of Status Desired		Fee Require	ed I
6. Name and Address of Current Registered Agent								7. Name and Address of New R	egistered		
						Name			· · ·	***	
SMITH, CLIFFORD E.						Chronic Address (DO, Day Nigelian in New Assessments)					
257 BRIARWOOD CIRCLE						Street Address (P.O. Box Number is Not Acceptable					Ì
FT. WALTON BEACH FL 32548							-				
II. WALI	ON DESCRI	1 6 02040		•						·	
						City		•	F	Zip Cod	de
8. The above	named entity	submits this staten	nent for the pure	ose of changing its	egistere	ed office or rea	ister	ed agent, or both, in the State of Fig	rida Lan	n familiar with.	and accept
	tions of registe			ood or onanging no	09,010.0	a cinoc or rog	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ou agona, or boar, in the braile of the	maa. Tan	r rear miles	and decopt
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SIGNATURE.	Signature, byped o	printed name of registere	ed agent and title if an	plicable /NOTE	Donictored	Agent signature re	quired	yuban rainstatina)	DATE		
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		FEE IS \$150.0						9. Election Campaign Fin	ancina	\$5.0	00 May Be
		Fee will be \$55				,	1	Trust Fund Contribution	-		d to Fees
tr * *	R Payable to	Florida Departm								• •	
10.	T 5	OFFICERS	S AND DIRECTO	1 1 PP 1	" 11. ·			, 4"ADDITIONS/CHANGES TO OFF	ICERS AN		
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MAME:	SMITH, CLIFFORD E.				NAME			· · · · · · · · · · · · · · · · · · ·			
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NAME .	SMITH, HE				NAME	T ADDRESS					
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12. Thereby o	ertify that the	information supplie	ed with this filing	does not qualify for			n Sed	ction 119.07(3)(i). Florida Statutes, I	further co	ertify that the i	nformation

indicated on this report or suppliemental 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: