2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90050 015 ***150.00

600786

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000013244

1. Entity Name
SOUTHERS & SOUTHERS LANDSCAPE CONTRACTORS, INC.

Principal Place of Business	Mailing Address
1319 DRUID ROAD MAITLAND FL 34751	P.O. BOX 1903 MAITLAND FL 32751

2. Principal Place of Business	3. Mailing Address
1319 Druid Road	P.O. Box 941903
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland FL	City & State: Maitland FL
Zip: 32751 Country: USA	Zip: 32794-1903 Country: USA

4. FEI Number 59-2871230 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOUTHERS, ROBERT K 1319 DRUID ROAD MAITLAND FL 34751	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTHERS, ROBERT K 1319 DRUID ROAD MAITLAND FL 34751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTHERS, NANCY S 1319 DRUID ROAD MAITLAND FL 34751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Robert K. Southers Robert K. Southers 1/7/01 (407) 644-6199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)