

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90216 038 ***150.00

DOCUMENT # **PA9000018932** ✓
 Entity Name **Southern Development & Financial Services, Inc.**

Principal Place of Business _____ Mailing Address _____

C0043163

2. Principal Place of Business **P.O. Box 841235**
 Suite, Apt. #, etc.

3. Mailing Address _____
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Pembroke Pines, FL**
 Zip **33084** Country **USA**

City & State _____
 Zip _____ Country _____

4. FEI Number **59-3560008**
 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

Tammy Boegs
PO Box 841235
Pembroke Pines, FL 33084

Name _____
 Street Address (P.O. Box Number is Not Acceptable) **1815 Griffin Rd**
Suite 300
 City **Dania** FL Zip Code **33004**

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. **3/9/00**

SIGNATURE

(NOTE: Registered Agent signature required when reinstating) DATE **3/9/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
President/owner Tammy Boegs PO Box 841235 Pembroke Pines, FL 33084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Date **3/9/00** Daytime Phone # **(954) 926-8269**

CR2E034 (9/99)