

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 136571

1. Entity Name

SUDDATH ENTERPRISES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90039 010 ***150.00

Principal Place of Business
1914 BEACH WAY RD.
SUITE 3-0
JACKSONVILLE FL 32207-2358
US

Mailing Address
1914 BEACH WAY RD.
SUITE 3-0
JACKSONVILLE FL 32207-2363
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0468487

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PRICE, ROBERT J
815 S MAIN ST
JACKSONVILLE FL 32207

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

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) ☐

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 VTD
NAME SUDDATH, JULIA A.
STREET ADDRESS 1914 BEACH WAY RD., SUITE 3-0
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SUDDATH, RICHARD L
STREET ADDRESS 1914 BEACH WAY RD., SUITE 3-0
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME SUDDATH, STEPHEN M
STREET ADDRESS 815 S MAIN ST
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME STRICKLAND, BARBARA S.
STREET ADDRESS 815 MAIN ST
CITY-ST-ZIP JACKSONVILLE, FL 0

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/00 904 3991553

CR2E034 (9/99)