

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 136571

1. Entity Name
SUDDATH ENTERPRISES, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90041 026 ***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 32207-2358
US**

2. Principal Place of Business

815 S. MAIN ST

Suite, Apt. #, etc.

3. Mailing Address

815 S. MAIN ST

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-0468487

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

32207

Country

USA

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

TITLE ☒ Change ☐ Addition
NAME **815 S. MAIN ST**
STREET ADDRESS **JACKSONVILLE FL 32207**
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **815 S. MAIN ST**
STREET ADDRESS **JACKSONVILLE FL 32207**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **President / Secretary**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *Julia A Suddath*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julia A Suddath

Date

Daytime Phone #

904-390

7173

CR2E034 (10/00)