

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 149746

1. Entity Name

SOUTHERN INDUSTRIAL CORPORATION

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90177 036 \*\*\*150.00

Principal Place of Business

Mailing Address

9009 REGENCY SQUARE BLVD.  
P.O. DRAWER U  
JACKSONVILLE FL 32203

9009 REGENCY SQUARE BLVD.  
P.O. DRAWER U  
JACKSONVILLE FL 32203-0497

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0565452

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

STEIN, DAVID  
9009 REGENCY SQUARE BLVD  
JACKSONVILLE FL 32225

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 VD ☐ Delete  
NAME STEIN, ROBERT  
STREET ADDRESS 9009 REGENCY SQ. BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME BEVERLY JELONEK  
STREET ADDRESS 9009 REGENCY SQ. BLVD.  
CITY-ST-ZIP JAX. FL 32211

TITLE VD ☐ Delete  
NAME STEIN, RICHARD  
STREET ADDRESS 9009 REGENCY SQUARE BLVD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME JIMMY HARMS  
STREET ADDRESS 9009 REGENCY SQ. BLVD.  
CITY-ST-ZIP JAX. FL 32211

TITLE PD ☐ Delete  
NAME STEIN, DAVID  
STREET ADDRESS 9009 REGENCY SQUARE BLVD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SECRETARY ☐ Change ☒ Addition  
NAME ANN E. SIKES  
STREET ADDRESS 9009 REGENCY SQ. BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE EVP ☐ Delete  
NAME HICKS, EDWARD F.  
STREET ADDRESS 9009 REGENCY SQUARE BLVD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SECRETARY/TREASURER ☐ Change ☒ Addition  
NAME MARK SLATER  
STREET ADDRESS 9009 REGENCY SQ. BLVD.  
CITY-ST-ZIP JAX. FLA. 32211

TITLE ST ☒ Delete  
NAME CARLSON, MARC  
STREET ADDRESS 9009 REGENCY SQ. BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE VD ☐ Delete  
NAME STEIN, MARTIN E  
STREET ADDRESS 9009 REGENCY SQ BLVD  
CITY-ST-ZIP JACKSONVILLE FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)