

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90267 043 ***150.00

DOCUMENT # 149746

1. Entity Name
SOUTHERN INDUSTRIAL CORPORATION

Principal Place of Business
9009 REGENCY SQUARE BLVD.
P.O. DRAWER U
JACKSONVILLE FL 32203

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



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 **59-0565452**

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

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 _____ (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, 2002 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 JELDAK**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **SLATER, MARK**
STREET ADDRESS **9009 REGENCY SQ. BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

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 #

904-725-4122

CR2E034 (9/01)