

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90242 038 ***150.00

DOCUMENT # **159280**

1. Entity Name

SOUTH STATE BROKERAGE CO.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

365 LAKE SHORE WAY

3. Mailing Address

P.O. BOX 1406

Suite, Apt. #, etc.

P.O. BOX 1406

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE ALFRED FL

City & State

LAKE ALFRED FL

4. FEI Number

59-0618354

Applied For

Not Applicable

Zip

33850

Country

POLK

Zip

33850

Country

POLK

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES W GRAY JR.

Street Address (P.O. Box Number is Not Acceptable)

365 LAKE SHORE WAY

City

LAKE ALFRED

FL

Zip Code

33850

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

PD

NAME

GRAY, JR, JAMES W

STREET ADDRESS

365 LAKE SHORE WAY

CITY-ST-ZIP

LAKE ALFRED FL 33850

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

STD

NAME

GRAY, JOHN H

STREET ADDRESS

365 LAKE SHORE WAY

CITY-ST-ZIP

LAKE ALFRED FL 33850

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John H Gray

JOHN H. GRAY - SEC - TREAS

4-24-02

863-956-3431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)