

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 234171

1. Entity Name

SOUTHERN DIVISION INC

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90047 050 ***150.00

Principal Place of Business

Mailing Address

16300 GOLF CLUB RD
APT 807
FT. LAUDERALE FL 33326
US

508 WASHINGTON AVE
IMMOKALEE FL 34142-2935
US

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 59-0898617

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SENFELD, STEPHEN
16300 GOLF CLUB RD
FT. LAUDERDALE FL 33326

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 PD ☐ Delete
NAME SENFELD, STEPHEN
STREET ADDRESS 16300 GOLF CLUB RD
CITY-ST-ZIP FT LAUDERDALE, FL 00000

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

05/19/00

Date

Daytime Phone #

CR2E034 (9/9)

⑥ #234171

661003

**MARTHA'S BOOKKEEPING &
INCOME TAX SERVICE**

508 Washington Avenue
Immokalee, FL. 34142

Martha D. Williams

(941) 657-3710

REASONABLE CAUSE FOR THE LATE FILING OF THE REPORT ATTACHED.

The attached report was late because of illness-meningitis.

I had to close my office for about a month. From April 19
to May 11 very little or no work ~~work~~ was completed or
mailed.

Sorry for the inconvenience this has caused but it was
beyond my control. Hopefully the late fee will be abated.

Sincerely, THANK YOU,

Martha D. Williams