2001 UNIFORM BUSINESS REPORT (UBR)

269047

DOCUMENT #

13. I hereby certify that the information supplied with this indicated on this report or supplies ental report is trif-of the corporation or the receiver of sustee empower changed, or on an attachment with an actions.

SIGNATURE:

1. Entity Name 09-05-2001 90002 019 ***158.75 Southern Strucutres Incorporated Principal Place of Business Mailing Address 334 Cypress Rd 334 Cÿpress Rd Ocala, FL 34472 Ocala, FL 34472 B0063314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FELNumber 59-1061172 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Stump, Stephen J 334 Cypress Rd Ocala, FL 34472 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE Delete TITLE ☐ Change ☐ Addition Stump, Stephen J NAME NAME 334 Cypress Rd STREET ADDRESS STREET ADDRESS Ocala, FL 34472 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Addition Stump, Hugh A, Jr. NAME NAME 334 Cypress Rd STREET ADDRESS STREET ADDRESS Ocala, FL 34472 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director by execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 11 or Block 12 if other like empowered.

Stephen J. Stunp

8/27/01 (352)680-1911

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FILED

Sep 05, 2001 8:00 am Secretary of State



attachment B0063314

334 Cypress Road • Ocala, Florida 34472 Telephone: 352/680-1911

Fax: 352/680-0543

August 27, 2001

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Uniform Business Report

Dear Sirs:

Enclosed is our 2001 Uniform Business Report application. We are filing a blank form, sent to us after contacting your office regarding the fact that we never received the original nor any subsequent application. Per the copy of the May 2001 FUBA issue (enclosed), we respectfully request that the fines be waived, our check for \$ 158.75 (filing fee and certificate of status fee) is enclosed.

Thanking you in advance for your cooperation regarding this matter.

Sincerely,

Susan Reed Staff Accountant

Jusan Reed