

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90277 017 ***150.00

DOCUMENT # 333753

1. Entity Name

GREAT SOUTHERN SALES, INC.

Principal Place of Business

6593-3 POWERS AVE.
JACKSONVILLE, FL 32217

Mailing Address

6593-3 POWERS AVE.
JACKSONVILLE FL 32217

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1280394

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

GREENFIELD, LESTER
6593-3 POWERS AVE
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name

GREENFIELD, JUDITH

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

6593-3 POWERS AVE

City

JACKSONVILLE

FL

Zip Code
32217

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

Judith Greenfield

JUDITH GREENFIELD

4-24-02

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!!! FEES \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	GREENFIELD, LESTER	6593-3 POWERS AVE	JACKSONVILLE, FL 00000	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	GREENFIELD, JUDITH	6593-3 POWERS AVE	JACKSONVILLE, FL 00000	<input type="checkbox"/>	PRESIDENT				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	VICE PRESIDENT	GREENFIELD, STEVEN	6593-3 POWERS AVE	JACKSONVILLE, FL 32217	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	TREASURER	GREENFIELD, CYNTHIA	6593-3 POWERS AVE	JACKSONVILLE, FL 32217	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	SECRETARY	GREENFIELD, SCOTT	6593-3 POWERS AVE	JACKSONVILLE, FL 32217	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/01)

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:

Judith Greenfield

JUDY GREENFIELD 4-24-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #