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#### **2000 UNIFORM BUSINESS REPORT (UBR)**

### **DOCUMENT # 365537**

1. Entity Name

#### COUTHERN ADDADEL CORDODATION

## FILED Feb 01, 2000 8:00 am Secretary of State

3001110	INN AFFANEL CONFORKTION				02-0	01-2000 90062	035 ***	150.00	
Principal Plac	e of Business	Mailing Address							
12420 73RD COURT N. LARGO FL 33773 US		12420 73RD COURT N. LARGO FL 33773-3046 US		[ .				<b>U</b>	el 8:00 (08)
2. Principal Place of Business		3. Mailing Address		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1		DO NOT WRITE	IN THIS SP	ACE	
City & State		City & State		4. FEI	Number	59-1300127			plied For
Zip	Country	Zip . C	Country	5. Cert	ificate of	Status Desired		8.75 Add	litional
<del> </del>	6 Name and Address of Current R	legistered Agent	<del></del>	7. Nam	ne and Ad	dress of New Reg			
SHO 1242	RT, WILLIAM W. JR. 10 73RD CT N GO FL 34643				Not Acceptable)				
		•	City				FL	Zip Code	3
			istered Agent signature requirements in the second signature requirement requirements in the second signature requirement		IO. Election	on Campaign Finar	DATE		<b>0</b> May Be
(See crite	ria on back)	Make Check Payable to			110511	und Commudation.			
11.	OFFICERS AND D		12.	ADDIT	IONS/CH	ANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD > SHORT, WILLIAM W. JR 12420 73RD CT N LARGO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMIERO, ROBERT W. 12420 73RD CT. N. LARGO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				l	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD_ VARASSEE, JOHN M. 12420 73RD CT. N. LARGO FL 33773	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	-				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Short, John 12420 73RD Court N Largo Fl 33773	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				İ	Change	☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[	Change	Addition
13. I hereby of indicated of the corchanged.	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	this filing does not qualify for the true and accurate and that rily s wered to execute this report as n ith all other like empowered.	exemption stated in ignature shall have the equired by Chapter 6	Section 119 le same lega 607, Florida S	.07(3)(i), f al effect as Statutes; a	Florida Statutes. I fi s if made under oat and that my name a	orther certifi th; that I am appears in I	that the ir an officer Block 11 or	nformation or director Block 12 if

SIGNATURE:

ROBERT W. PALMIERO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR

727-536-9112

Daytime Phone #