

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90199 041 ***150.00

DOCUMENT # 446671
 1. Entity Name
SOUTHERN WOODS, INCORPORATED

Principal Place of Business Mailing Address
1625 WEST MARION AVE 212 SOUTH CENTRAL
STE 1 SUITE 100
PUNTA GORDA FL 33950 ST LOUIS MO 63105
US 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 **59-1574130** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOORE, JAMES E III
1625 W MARION AVE
STE 2
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHIFFER, LAURENCE A	
STREET ADDRESS	212 SOUTH CENTRAL, SUITE 100	
CITY-ST-ZIP	ST LOUIS MO 63105	
TITLE	SCD	<input type="checkbox"/> Delete
NAME	LOVE, ANDREW S., JR.	
STREET ADDRESS	212 SOUTH CENTRAL, SUITE 100	
CITY-ST-ZIP	ST LOUIS MO 63105	
TITLE	AST	<input type="checkbox"/> Delete
NAME	CLEMENT, GLORIA D.	
STREET ADDRESS	212 SOUTH CENTRAL SUITE 100	
CITY-ST-ZIP	ST LOUIS MO 63105	
TITLE	AT	<input type="checkbox"/> Delete
NAME	KOVARIK, ANNETTE	
STREET ADDRESS	212 SOUTH CENTRAL SUITE 100	
CITY-ST-ZIP	ST LOUIS MO 63105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gloria D. Clement
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (314) 512-8711
 Date Date/Time Phone #

CR2E034 (9/01)