

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 532539

1. Entity Name  
SOUTHLAND PROPERTIES, INC.

Principal Place of Business  
53 BOND ST  
P.O. BOX 5458  
CANADA AL AIE2X  
US

Mailing Address  
100 2ND AVENUE SO.  
SUITE 600  
ST PETERSBURG FL 33701

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-1896539  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

POPOVICH, PAULA  
C/O GREGORY, SHARER & STEWART  
100 SECOND AVE., SOUTH, SUITE 600  
ST. PETERSBURG FL 33701

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	ST	<input type="checkbox"/> Delete
NAME	PARDY, BRUCE	
STREET ADDRESS	<del>10 WATERFRONT AVE</del> 11 Waterford Ave.	
CITY-ST-ZIP	ST JOHNS, NEWFOUNDLAND A1E 2X7	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARDY, CYNTHIA L	
STREET ADDRESS	<del>10 WATERFRONT AVE</del> 11 Waterford Ave.	
CITY-ST-ZIP	ST JOHNS, NEWFOUNDLAND A1E 2X7	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>B. Pardy</i>	
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
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: *B. Pardy* Date: Feb 1/2001 Daytime Phone #: 709-722-7602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Feb 27, 2001 8:00 am  
Secretary of State

02-27-2001 90339 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)