## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM 633644 DOCUMENT # 1. Entity Name **Secretary of State** SUDDATH RELOCATION SYSTEMS OF MELBOURNE, INC. Principal Place of Business Mailing Address 815 S. MAIN ST. 815 S. MAIN ST. 6TH FLOOR 6TH FLOOR JACKSONVILLE FL JACKSONVILLE FL32207 32207 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1927922 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRICE, ROBERT J PRICE, ROBERT J 815 S. MAIN ST. Street Address (P.O. Box Number is Not Acceptable) 815 S. MAIN ST. 6TH FLOOR JACKSONVILLE FL6TH FLOOR 32254 City Zip Code JACKSONVILLE 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 04/30/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (11/00) X Change ☐ Addition VALIGHN MAME BARRY NAME VAUGHN BARRY 815 S. MAIN ST., 6TH FL. STREET ADDRESS STREET ADDRESS 815 S. MAIN ST., 6TH FL. CITY-ST-ZIP JACKSONVILLE $\mathbf{FL}$ CITY-ST-ZIP JACKSONVILLE 32207 V.AS ☐ Delete TITLE V. AS X Change NAME BARNETT JAMES G NAME BARNETT JAMES $\mathbf{G}$ STREET ADDRESS 815 S. MAIN ST. 6TH FL. STREET ADDRESS 815 S. MAIN ST. 6TH FL. CITY-ST-ZIP JACKSONVILLE $\mathbf{FL}$ CITY-ST-ZIP JACKSONVILLE FL32207 ☐ Delete TITLE X Change ☐ Addition STRICKLAND, BARBARA S. NAME STRICKLAND, BARBARA S. STREET ADDRESS 815 S. MAIN ST., 6TH FL. STREET ADDRESS 815 S. MAIN ST., 6TH FL. CITY-ST-ZIP JACKSONVILLE FLCITY-ST-ZIP JACKSONVILLE FL. 32207 VTD ☐ Delete TITLE VTD Change ☐ Addition PRICE, R. J. NAME PRICE, R. J. STREET ADDRESS 815 S. MAIN ST., 6TH FL. STREET ADDRESS 815 S. MAIN ST., 6TH FL. CITY-ST-ZIP JACKSONVILLE CITY-ST-ZIP FLJACKSONVILLE 32207 TITLE Delete TOTALE CEOD X Change ☐ Addition SUDDATH, STEPHEN M. NAME SUDDATH, STEPHEN M. STREET ADDRESS 815 S. MAIN ST., 6TH FL. STREET ADDRESS 815 S. MAIN ST., 6TH FL. CITY-ST-ZIP JACKSONVILLE CITY-ST-ZIP JACKSONVILLE FL32207 Delete TITLE Change ☐ Addition BELL, A. OUINN NAME BELL, A. QUINN STREET ADDRESS 815 S. MAIN ST., 6TH FL. STREET ADDRESS 815 S. MAIN ST., 6TH FL. CITY-ST-ZIP JACKSONVILLE CITY-ST-ZIP JACKSONVILLE 32207 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.

04/30/2001

Date

Daytime Phone #

ROBERT J. PRICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

BRANDENBURGER, MARK - PRESIDENT 2591 KIRBY AVENU NE

**PALM BAY, FL 32095** 

BRANDENBURGER, MARK - PRESIDENT 2591 KIRBY AVENU NE

**PALM BAY, FL 32095**