

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90016 004 ***150.00

DOCUMENT # 639905

1. Entity Name
SOUTHERN LATCH MANUFACTURERS, INC.

Principal Place of Business
6100 US 1 N POB 3126
PO BOX 3126
ST AUGUSTINE FL 32085

Mailing Address
6100 US 1 N POB 3126
PO BOX 3126
ST AUGUSTINE FL 32085

2. Principal Place of Business
6100 U.S. 1 North
 Suite, Apt. #, etc.
Bldg. F

3. Mailing Address
6100 U.S. 1 North
 Suite, Apt. #, etc.
Bldg. F

City & State
St. Augustine, FL
 Zip
32095 Country
USA

City & State
St. Augustine, FL
 Zip
32095 Country
USA

4. FEI Number **59-1976661**

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

COX, RUDY
US #1 TOLOMATO IND PARK
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name **Sally Cox**
Street Address (P.O. Box Number is Not Acceptable) **6100 U.S. 1 North, Bldg. F**
City **St. Augustine, FL** **Zip Code** **32095**

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 **Sally Cox, Secretary** **3/28/02**
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!!! 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 Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **COX, RANDALL J**
STREET ADDRESS **100 RIVER LANDING DRIVE**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE **PD** ☒ Delete
NAME **COX, RUDY**
STREET ADDRESS **2870 LEWIS SPEEDWAY**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **D** ☐ Delete
NAME **COX, MICHAEL R**
STREET ADDRESS **241 REDFISH CREEK DRIVE**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE **STD** ☐ Delete
NAME **COX, SALLY**
STREET ADDRESS **2870 LEWIS SPEEDWAY**
CITY-ST-ZIP **ST AUGUSTINE, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **St. Augustine, FL 32084**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Sally Cox* **Sally Cox**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 (904) 824-5466

Date

Daytime Phone #

CR2E034 (9/01)