## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 14, 2000 8:00 am Secretary of State DOCUMENT # 677579 1. Entity Name SOUTHERN SPRINGS DEVELOPMENT CORPORATION 02-14-2000 90040 008 \*\*\*150.00 Mailing Address Principal Place of Business 1955 POMERANIAN COURT 1955 POMERANIAN COURT APOPKA FL 32712 APOPKA FL 32712-5643 B0020543 2. Principal Place of Business 3. Mailing Address Mara Place 3403 Jay Marc YOU EOPE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number FL 59-2052377 F-L Apopka Apoplea Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 32 $35 \Omega D$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Koscicki Denvis KOSCICKI, DENNIS Street Address (P.O. Box Number is Not Acceptable) 243 W. MAIN ST APOPKA FL 32703 Place Mara 3403 DON 8. The above named entire submits this statement for the purpose of stanging its registered office or registered agent, or both, in the State of Florida 000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE □ Delete TITLE STRUCK, KENNETH NAME 1904 WRIGHT BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SCHAUMBURG IL ☐ Delete TITLE ☐ Addition TITLE KOSCICKI, DENNIS R. Koscicki, Dennis R NAME NAME 1955\_POMERANIAN\_COURT\_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [ ] Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is changed, or on an attachment with an address, with all other like empowered.

DENNIS KOSCICKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED