

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F13537

1. Entity Name

SOUTHERN RESOURCES III, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90036 049 ***150.00

Principal Place of Business

600 COUNTRYSIDE DRIVE
NAPLES FL 33942
US

Mailing Address

10060 AMBERWOOD ROAD
UNIT 3
FORT MYERS FL 33913-8522
US

2. Principal Place of Business

17595 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite 202

City & State

Fort Myers, FL

Zip

33908

Country

USA

3. Mailing Address

17595 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite 202

City & State

Fort Myers, FL

Zip

33908

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0012190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SARVER, HELEN I.
10060 AMBERWOOD ROAD
UNIT 3
FORT MYERS FL 33913

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, 2000 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

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	SARVER, HELEN I	
STREET ADDRESS	9232 PINEAPPLE ROAD	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Tackett	
STREET ADDRESS	2052 Chestview Way	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen Sarver	
STREET ADDRESS	9232 Pineapple Rd.	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rebecca Sarver	
STREET ADDRESS	9233 Pineapple Rd.	
CITY-ST-ZIP	Fort Myers, FL 33912	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/00