

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F13537**

1. Entity Name

SOUTHERN RESOURCES III, INC.**FILED**
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90171 049 ***150.00

00046951

| | |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Principal Place of Business | Mailing Address |
| 17505 S TAMiami TRAIL SUITE 202 FORT MYERS FL 33908 US | 17505 S TAMiami TRAIL SUITE 202 FORT MYERS FL 33908 US |

| | |
|----------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| 10060 Amberwood Rd Suite, Apt. #, etc. #3 | 10060 Amberwood Rd Suite, Apt. #, etc. #3 |

| | |
|---------------|---------------|
| City & State | City & State |
| FORT MYERS FL | FORT MYERS FL |
| Zip | Zip |
| 33913 | 33913 |
| Country | Country |
| LEE | LEE |

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 65-0012190 | Applied For |
| | | Not Applicable |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 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 | VP | <input type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SARVER, HELEN I | | NAME | HELEN I SARVER | |
| STREET ADDRESS | 9232 PINEAPPLE ROAD | | STREET ADDRESS | 9232 PINEAPPLE RD. | |
| CITY-ST-ZIP | FORT MYERS FL 33912 | | CITY-ST-ZIP | FT MYERS, FL 33912 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TACKETT, JAMES | | NAME | DAVID SMITH | |
| STREET ADDRESS | 2052 CRESTVIEW WY | | STREET ADDRESS | 18225 RICCARDO RD | |
| CITY-ST-ZIP | NAPLES FL 34119 | | CITY-ST-ZIP | FT MYERS FL 33912 | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SARVER, REBECCA | | NAME | | |
| STREET ADDRESS | 4233 PINEAPPLE RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL 33912 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 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 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

HELEN I. SARVER

4-24-01

Date

941-415-1110

Daytime Phone #