

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90153 018 \*\*\*150.00

**DOCUMENT # F45665**

1. Entity Name  
**SOUTHWELL, INC.**

Principal Place of Business <b>118 N. 19TH STREET  PALATKA FL 32177-3118</b>	Mailing Address <b>118 N. 19TH STREET  PALATKA FL 32177-3118</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2139701**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, JOE C.  
113 N 4TH ST.  
PALATKA FL 32177**

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 *E. Candy Adams* *Owner-President* *1/24/01*  
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	<b>PSTD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SOUTHWELL, BRAD G</b>		NAME	<b>ELIZABETH CANDY ADAMS</b>	
STREET ADDRESS	<b>P.O. BOX 611 N/A</b>		STREET ADDRESS	<b>109 Pinecrest Ct.</b>	
CITY-ST-ZIP	<b>HOLLISTER FL</b>		CITY-ST-ZIP	<b>San Mateo, FL 32187</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SOUTHWELL, HELEN</b>		NAME	<b>STEVEN RAY ADAMS</b>	
STREET ADDRESS	<b>RT. BOX 117A N/A</b>		STREET ADDRESS	<b>109 Pinecrest Ct.</b>	
CITY-ST-ZIP	<b>SAN MATEO FL</b>		CITY-ST-ZIP	<b>San Mateo, FL 32187</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>ELIZABETH Ann Burkhalter</b>	
STREET ADDRESS			STREET ADDRESS	<b>Box 3563</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Palatka, FL 32177</b>	
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: *Elizabeth Candy Adams* *1/24/01* *904-328-9261*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Elizabeth Candy Adams**

CR2E034 (10/00)