

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90067 009 ***150.00

DOCUMENT # F93000004790

1. Entity Name
SOUTH GULF INC.

Principal Place of Business

~~RT 1 BOX 94~~
SONIN LAW RD
BONIFAY FL 32425
US

Mailing Address

P.O. BOX 605
BONIFAY FL 32425
US

2. Principal Place of Business

811 S DEPOT STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BONIFAY, FL

City & State

4. FEI Number **61-1076544**

Applied For
 Not Applicable

Zip Country
32425 HOLMES

Zip Country

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

6. Name and Address of Current Registered Agent

HOWELL, GLENDA
RT 1 BX 94
SON IN LAW RD
BONIFAY FL 32425

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 *Glenda Howell*

(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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
P
HOWELL, MICHAEL
 STREET ADDRESS **RT 1 BOX 94**
 CITY-ST-ZIP **BONIFAY FL 32425**

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

TITLE NAME ☐ Delete
S
HOWELL, GLENDA
 STREET ADDRESS **RT 1 BX 94**
 CITY-ST-ZIP **BONIFAY FL 32425**

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
 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 power like empowered.

SIGNATURE:

Glenda Howell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/02

Date

850547-0920

Daytime Phone #

CR2E034 (9/01)