

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H14993

1. Entity Name

THE SOUTHSTREET CO., INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90023 009 ***150.00

Principal Place of Business

% TED F. BENNETT
9471 BAYMEADOWS RD. STE 305
JACKSONVILLE FL 32256

Mailing Address

% TED F. BENNETT
9471 BAYMEADOWS RD. STE 305
JACKSONVILLE FL 32256

2. Principal Place of Business

10351 DEERWOOD CLUB RD

3. Mailing Address

10351 DEERWOOD CLUB RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-2423154

Applied For

Not Applicable

Zip

Country

32256 USA

Zip

Country

32256 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENNETT, TED F.
9471 BAYMEADOWS RD, STE 305
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

TED F BENNETT

Street Address (P.O. Box Number is Not Acceptable)

10351 DEERWOOD CLUB RD

City

JACKSONVILLE

FL

Zip Code

32256

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 TED F BENNETT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-12-01

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

TITLE PD
NAME BENNETT, TED F.
STREET ADDRESS 9471 BAYMEADOWS RD
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: TED F BENNETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01

Date

904 730 9020

Daytime Phone #

CR2E034 (10/00)