

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

T. Roberts MAY 11 2005

FILED

05 MAY -3 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SOUTHERN BAYWIDE SUPPLY, INC.
T. Roberts MAY 11 2005

DOCUMENT # H16269

1. Entity Name
FORT LAUDERDALE BUSINESS PLAZA DEVELOPMENT,
INC.



Principal Place of Business
2005 W. CYPRESS CREEK RD.
SUITE 202
FT. LAUDERDALE, FL 33309 US

Mailing Address
2005 W. CYPRESS CREEK RD.
SUITE 202
FT. LAUDERDALE, FL 33309 US

DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2534853

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUTTERS, SAM
2005 W. CYPRESS CREEK RD.
SUITE 202
FT. LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME BUTTERS, SAM
STREET ADDRESS 2005 W. CYPRESS CREEK RD., SUITE 202
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE VSD
NAME BUTTERS, NATHAN
STREET ADDRESS 2005 W. CYPRESS CREEK RD., SUITE 202
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300054262698
05/11/05--01015--003 **250.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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 #

4-27-05