

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # H17025**1. Entity Name
SUDDATH RELOCATION SERVICES, INC.

Principal Place of Business	Mailing Address
815 S MAIN ST	815 SOUTH MAIN STREET
#600	6TH FLOOR
JACKSONVILLE	JACKSONVILLE
32207	32207
US	US
FL	FL

2. Principal Place of Business
815 S MAIN ST

3. Mailing Address

Suite, Apt. #, etc.
6TH FLOOR

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State

Zip
32207Country
USZip
Country4. FEI Number
59-2443125Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****PRICE, R. J.**
815 S MAIN ST
#600
JACKSONVILLE FL
32207 US

Name

PRICE, R. J.

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

815 S MAIN ST

6TH FLOOR

City
JACKSONVILLE

FL

Zip Code
32207

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 _____ **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	VD	<input checked="" type="checkbox"/> Delete
NAME	KELLY SCOTT	
STREET ADDRESS	815 S MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	S	<input type="checkbox"/> Delete
NAME	STRICKLAND BARBARA S	
STREET ADDRESS	815 S MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	DINKINS KIMBERLY	
STREET ADDRESS	815 S MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RANDALL GROGER K	
STREET ADDRESS	815 S MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON MICHAEL C	
STREET ADDRESS	815 S MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY SCOTT	
STREET ADDRESS	815 S MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL GROGER K	
STREET ADDRESS	815 S MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SCOTT KELLY**V/S **04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)