

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90105 011 \*\*\*150.00

**DOCUMENT # H46039**

1. Entity Name

**SOUTHERN COMFORT REALTY, INC.**

Principal Place of Business

3327 RAILROAD ST.  
 FORT MYERS FL 33916

Mailing Address

3327 RAILROAD ST.  
 FORT MYERS FL 33916-1425

2. Principal Place of Business

*3327 Railroad St.*  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

*Fort Myers, FL*

City & State

*SAME*

Zip

*33916*

Country

*Lee*

Zip

Country

4. FEI Number

**59-2499648**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, MYRNA  
 3327 RAILROAD STREET  
 FORT MYERS FL 33916

7. Name and Address of New Registered Agent

Name

*Myrna Howard*

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

*3327 Railroad Street*

City

*Fort Myers*

FL

Zip Code

*33916*

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

*Myrna Howard*

*4/12/00*

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, 2000 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  Delete  
 NAME DC  
 STREET ADDRESS HOWARD, MYRNA  
 CITY-ST-ZIP 3327 RAILROAD STREET  
 FORT MYERS FL 33916

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D  
 STREET ADDRESS HADDIX, SHEILA F.  
 CITY-ST-ZIP 3327 RAILROAD STREET  
 FORT MYERS FL 33916

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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 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: *Myrna Howard*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/12/00 (940) 334-3031*  
 Date Daytime Phone #

CDRE094 10.000