

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**  
 04-30-2002 90049 006 \*\*\*150.00

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**DOCUMENT # H60257**

1. Entity Name

**SOUTHERN TECHNOLOGY & DEVELOPMENT CORPORATION**

Principal Place of Business

1040 E. PARK AVE.  
 TALLAHASSEE FL 32301  
 US

Mailing Address

1040 E. PARK AVE.  
 TALLAHASSEE FL 32301  
 US

2. Principal Place of Business

1439 Shell Point Rd

3. Mailing Address

1439 Shell Point Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crawfordville, FL

City & State

Crawfordville, FL

4. FEI Number

59-2561101

Applied For

Not Applicable

Zip  
 32327

Country

USA

Zip

32327

Country

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

6. Name and Address of Current Registered Agent

DOUGLASS, W. DEXTER  
 211 EAST CALL STREET  
 TALLAHASSEE FL

7. Name and Address of New Registered Agent

Name  
 William T. Gaupin

Street Address (P.O. Box Number is Not Acceptable)  
 1439 Shell Point Rd

City  
 Crawfordville

FL

Zip Code  
 32327

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

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

William T. Gaupin, President

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-02

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TD  
 WADSWORTH, JAMES B. JR.  
 1040 E. PARK AVE.  
 TALLAHASSEE FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 E.C. ALLEN  
 621 N. CALHOUN ST.  
 TALLAHASSEE FL 32303 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 W. FRED LINDSEY  
 901 LIVE OAK PLANTATION RD.  
 TALLAHASSEE FL ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 S  
 PIOTROWSKI, JANIS A.  
 1929 COLLINS LANDING RD.  
 TALLAHASSEE FL ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 GAUPIN, WILLIAM T.  
 1439 SHELL POINT RD.  
 CRAWFORDVILLE FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 Gaupin, Thelma G  
 224 Harbour Pointe Dr  
 Crawfordville, FL 32327 ☐ Change ☒ Addition

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 224 Harbour Pointe Dr  
 Crawfordville, FL 32327 ☒ Change ☐ Addition

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

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William T. Gaupin, President

Date

Daytime Phone #

(850) 926-7811

CR2E034 (9/01)