

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J16133

1. Entity Name

SOUTHWELL ENTERPRISES, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90067 047 ***150.00

Principal Place of Business

3417 CORMORANT COVE DR.
JACKSONVILLE FL 32223
US

Mailing Address

3417 CORMORANT COVE DR.
JACKSONVILLE FL 32223-3741
US

2. Principal Place of Business

1939 Bishop Estates Rd.

3. Mailing Address

1939 Bishop Estates Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Fla

City & State

Jacksonville, Fla

Zip

32259-4203

Country

USA

Zip

32259-4203

Country

USA

4. FEI Number

59-2685747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYAN, WILLIAM B., JR.
3000-8 HARTLEY RD.
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(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

TITLE PSTD
NAME SOUTHWELL, ROBERT L. ☐ Delete
STREET ADDRESS 3417 CORMORANT COVE DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Change ☐ Addition
NAME Southwell, Robert L.
STREET ADDRESS 1939 Bishop Estates Rd.
CITY-ST-ZIP Jacksonville, Fla. 32259-4203

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE

Robert L. Southwell 3-1-2000

904/287-3210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #