

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**  
 05-10-2000 90175 032 \*\*\*158.75

**DOCUMENT # J65729**

1. Entity Name

**SOUTHERN STORAGE, INC.**

Principal Place of Business

Mailing Address

WEST 10TH STREET  
 BOX 9818  
 BEACH FL 33419

300 WEST 10TH STREET  
 PO BOX 9818  
 RIVIERA BEACH FL 33419-4818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0005942**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EAKINS, SANDI F**  
**300 W. 10TH ST.**  
**P.O. BOX 9818**  
**RIVIERA BEACH FL 33419**

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |                                 |                |  |                                                                   |
|----------------|------------------------|---------------------------------|----------------|--|-------------------------------------------------------------------|
| TITLE          | VDST                   | <input type="checkbox"/> Delete | TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | FRICK, CINDI M         |                                 | NAME           |  |                                                                   |
| STREET ADDRESS | 300 WEST 10TH STREET   |                                 | STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    | RIVIERA BEACH FL 33419 |                                 | CITY-ST-ZIP    |  |                                                                   |
| TITLE          | DP                     | <input type="checkbox"/> Delete | TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | FAKINS, SANDI F        |                                 | NAME           |  |                                                                   |
| STREET ADDRESS | 300 WEST 10TH STREET   |                                 | STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    | RIVIERA BEACH FL       |                                 | CITY-ST-ZIP    |  |                                                                   |
| TITLE          | D                      | <input type="checkbox"/> Delete | TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | FRICK, SHIRLEY M       |                                 | NAME           |  |                                                                   |
| STREET ADDRESS | 7000 N MILITARY TRAIL  |                                 | STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    | PALM BCH GARDENS FL    |                                 | CITY-ST-ZIP    |  |                                                                   |
| TITLE          |                        | <input type="checkbox"/> Delete | TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |                                 | NAME           |  |                                                                   |
| STREET ADDRESS |                        |                                 | STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |                        |                                 | CITY-ST-ZIP    |  |                                                                   |
| TITLE          |                        | <input type="checkbox"/> Delete | TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |                                 | NAME           |  |                                                                   |
| STREET ADDRESS |                        |                                 | STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |                        |                                 | CITY-ST-ZIP    |  |                                                                   |
| TITLE          |                        | <input type="checkbox"/> Delete | TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |                                 | NAME           |  |                                                                   |
| STREET ADDRESS |                        |                                 | STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |                        |                                 | 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:

**SECRETARY OF STATE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-00 (561) 844-3999**  
 Date Daytime Phone #

CR2E034 (9/99)