

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90111 050 \*\*\*150.00

**DOCUMENT # J94002**

1. Entity Name

**CDN - SOUTHERN INVESTMENTS, INC.**

Principal Place of Business

**DENNY JOHNS  
 375 S BUMBY AVE  
 ORLANDO FL 32803  
 US**

Mailing Address

**DENNY JOHNS  
 375 S BUMBY AVE  
 ORLANDO FL 32803  
 US**

**C0009863**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2864014**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**JOHNS, DENNY  
 375 S. BUMBY AVENUE  
 ORLANDO FL 32803**

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, 2001 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	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>LUMBERRY, JAMES S</b>	
STREET ADDRESS	<b>1810 MONASTERY RD</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNS, DENNY</b>	
STREET ADDRESS	<b>8132 COURTLEIGH DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 original signature of the person who approved the report.

**SIGNATURE:**

**DENNY JOHNS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-16-01**  
 Date

**407-898-0425**  
 Daytime Phone #

CR2E034 (10/00)