

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # K34852	
1. Entity Name	
SUSSMAN SOUTH, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business JENKINTOWN & BAEDER RDS		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JENKINTOWN, PA		City & State	
Zip 19046	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1809275		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SUSSMAN, MARTIN E.	
Street Address (P.O. Box Number is Not Acceptable) 13744 LEBATEAU LANE	
City PALM BEACH	Zip Code 33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN E. SUSSMAN PO BOX 374 JENKINTOWN PA 19046	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/07 215-887-1800