05-16-2000 90183 026 ***150.00

FILED **DOCUMENT # K39995** May 16, 2000 8:00 am 1. Entity Name Secretary of State SOUTHLAND PROPERTIES (SEMINOLE), INC. Principal Place of Business Mailing Address 4750 DOLPHIN CAY LANE SOUTH 4750 DOLPHIN CAY LANE S ST. PETERSBURG FL 33711-4679 ST. PETERSBURG FL 33711-679 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4, FEI Number 59-2997131 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRIEDMAN, ERNEST --Street Address (P.O. Box Number is Not Acceptable) 4750 DOLPHINE CAY LN S ST. PETERSBURG FL 33711 Zip Code City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE ☐ Addition Delete Friedman, Ernest TITLE a10 37th Avenue North FRIEDMAN, ERNEST NAME NAME STREET ADDRESS STREET ADDRESS 4750 DOLPHIN CAY LN S St. Petersburg FL 3,3704 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33711-4679 ☐ Addition TITLE Change ☐ Delete TITLE Grieco, Picholas NAME GRIECO, NICHOLAS a10 37th Avenue Porth STREET ADDRESS 4750 DOLPHIN CAY LN S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ST. PETERSBURG FL 33711-4679 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE

upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that report is true and occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director rustee empowered beecute this aport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the inf indicated on this report. of the corporation or th changed, or on an attac

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR)

Date

Davtime Phone #