

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L19011

1. Entity Name

UNIQUELY SOUTHERN, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90137 025 ***150.00

Principal Place of Business

Mailing Address

C/O MURRAY R. WARD
2005 CLAY AVE.
PANAMA CITY FL 32405
US

C/O MURRAY R. WARD
2005 CLAY AVE.
PANAMA CITY FL 32405-2443
US

2. Principal Place of Business

1110 WEST 8th St.

3. Mailing Address

P.O. Box 15925

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PANAMA City FL

City & State

PANAMA City FL

4. FEI Number

59-3008058

Applied For

Not Applicable

Zip

Country

32401

USA

Zip

32406

Country

USA

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

WARD, MURRAY R.
2005 CLAY AVE.
PANAMA CITY FL 32405

Name WARD, MURRAY R.

Street Address (P.O. Box Number is Not Acceptable)
1110 WEST 8th St.

City PANAMA City

FL

Zip Code 32401

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

04/21/00

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	D	<input type="checkbox"/> Delete
NAME	WARD, MURRAY R	
STREET ADDRESS	2005 CLAY AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MURRAY R. WARD 04/21/00 850 7856925

Date

Daytime Phone #

CR2E034 (9/99)