

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90164 045 ***150.00

DOCUMENT # L32843

1. Entity Name

SOUTHERN ADMINISTRATION SERVICES, INC.

Principal Place of Business

Mailing Address

%WILLIAM G. BUCKLES, JR.
455 N INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770
US**%WILLIAM G. BUCKLES, JR.**
455 N INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770-2014
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2979715

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

BUCKLES, WILLIAM G. JR.
455 N INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	TDS	<input type="checkbox"/> Delete
NAME	BUCKLES, WILLIAM G. JR.	
STREET ADDRESS	455 N INDIAN ROCKS ROAD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELTMAN, DAVID M.	
STREET ADDRESS	455 N. INDIAN ROCKS RD.	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	VELTMAN, GREG	
STREET ADDRESS	455 N. INDIAN ROCKS RD.	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BARODY, MICHAEL	
STREET ADDRESS	455 N. INDIAN ROCKS RD.	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
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	
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 address, with any other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-00**727-585-6333**

Date

Daytime Phone #

CR2E034 (9/99)