

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L45628**

1. Entity Name
SOUTHCAST SALES, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -3 AM 11:13

Principal Place of Business

% ROBERT E. MORRIS
8269 GULF BLVD UNIT 804
NAVARRE BCH FL 32566
US

Mailing Address

SOUTHCAST SALES, INC.
P.O. BOX 6300
NAVARRE FL 32566



2. Principal Place of Business

% ROBERT E. MORRIS
Suite, Apt. #, etc.
1415 - TIGER LAKE DR
City & State
GULF BREEZE, FL
Zip
32563
Country
USA

3. Mailing Address

SOUTHCAST SALES, INC.
Suite, Apt. #, etc.
P.O. BOX 6300
City & State
NAVARRE, FL
Zip
32566
Country
USA

REINSTATEMENT

4. FEI Number **59-2988422**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, ROBERT E.
8269 GULF BLVD UNIT 804
NAVARRE BCH FL 32566

7. Name and Address of New Registered Agent

Name
MORRIS, ROBERT E.
Street Address (P.O. Box Number is Not Acceptable)
1415 - TIGER LAKE DR
City
GULF BREEZE FL Zip Code
32563

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 *Robert E. Morris*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-28-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, ROBERT E. 8269-GULF BLVD. UNIT 804 NAVARRE BCH FL 32566	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, BILLIE W. 8269-GULF BLVD. UNIT 804 NAVARRE BCH FL 32566	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, ROBERT E. 1415 - TIGER LAKE DRIVE GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, BILLIE W. 1415 - TIGER LAKE DRIVE GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004639836--2 -10/17/01--01052--018 ****750.00 ****750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert E. Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-01 850/934-6345

Date

Daytime Phone #

CR2E034 (5/01)