

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001158

1. Entity Name

SOUTHWIND MANUFACTURING, L.C.

Principal Place of Business

1430 S.W. 15TH AVENUE
OCALA FL 34474

Mailing Address

1430 S.W. 15TH AVENUE
OCALA FL 34474

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 20 AM 10:02



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

415 Cypress Road

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

4. FEI Number

59-3473728

Applied For

Not Applicable

Zip

34472

Country

MARION

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAX CO.

% MAHONEY ADAMS & CRISER P.A.

50 NORTH LAURA ST./3300 BARNETT CENTER

JACKSONVILLE FL 32202

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRS PERRY, CHARLES A JR.
STREET ADDRESS 3477 LAKESHORE BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
MGRS PERRY, CHARLES A III
STREET ADDRESS 3477 LAKESHORE BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE NAME ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Richard A. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8-18-00

Date

352-687-1999

Daytime Phone #

CR2E083 (5/00)