

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91167 050 ***150.00

DOCUMENT # M32996

1. Entity Name
SOUTHAM & CO., INC.

Principal Place of Business

**660 NE 105 STREET
 MIAMI SHORES FL 33138**

Mailing Address

**660 NE 105 STREET
 MIAMI SHORES FL 33138**

2. Principal Place of Business

709 Crandon Blvd

Suite, Apt. #, etc.

Apt. 309

City & State

Key Biscayne

Zip

33149-2586

Country

USA

3. Mailing Address

709 Crandon Blvd

Suite, Apt. #, etc.

Apt 309

City & State

Key Biscayne

Zip

33149-2586

Country

USA

4. FEI Number

59-2683832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SOUTHAM, MARY C

660 NE 105 STREET.

MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent

Name

SOUTHAM, Mary C.

Street Address (P.O. Box Number is Not Acceptable)

709 Crandon Blvd. - # 309

City

Key Biscayne

FL

Zip Code

33149

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, 2002 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

TITLE **P** ☐ Delete
 NAME **SOUTHAM, MARY C.**
 STREET ADDRESS **660 NE 105 STREET. 709 Crandon Blvd #309**
 CITY-ST-ZIP **MIAMI FL Key Biscayne, Fl. 33149**

TITLE **S** ☐ Delete
 NAME **SOUTHAM, A.C. PAUL**
 STREET ADDRESS **660 NE 105 STREET. 709 Crandon Blvd #309**
 CITY-ST-ZIP **MIAMI FL 33138 Key Biscayne, Fl. 33149**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/02
 Date

305-250-6853
 Daytime Phone #

CR2E034 (9/01)