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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99082

1. Entity Name
SOUTHERLY SALES & MARKETING, INC.

Principal Place of Business	Mailing Address
1300 CRESTWOOD CT. #1314 ROYAL PALM BEACH, FL 33411	8748 PIONEER RD. WEST PALM BEACH, FL 33411

— old, old address, not where it was mailed to last year, DB

2. Principal Place of Business	3. Mailing Address
	1300 Crestwood Ct. S [redacted]
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1314
City & State	City & State Royal Palm Beach, FL
Zip / Country	Zip 33411. / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2914354 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRIPP, BRUCE G.
8748 PIONEER RD.
WEST PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable) 1300 Crestwood Ct. S #1314
City Royal Palm Beach FL Zip Code 33411

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 6/18/03
DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIPP, BRUCE G 1300 CRESTWOOD CT S #1314 ROYAL PALM BEACH, FL 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6/18/03 561-791-0153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #