

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004101

1. Entity Name

SOUTHLAND MESSENGERS, INC.

Principal Place of Business

20480 HUFFMASTER ROAD
NO. FORT MYERS FL 33917

Mailing Address

20480 HUFFMASTER ROAD
NO. FORT MYERS FL 33917-4604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0608706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES, EDD
20480 HUFFMASTER ROAD
NO. FORT MYERS FL 33917

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JAMES, EDD
STREET ADDRESS 20480 HUFFMASTER ROAD
CITY-ST-ZIP NO. FORT MYERS FL 33917

TITLE VPD ☐ Delete
NAME JAMES, CLAUDIA
STREET ADDRESS 20480 HUFFMASTER ROAD
CITY-ST-ZIP NO. FORT MYERS FL 33917

TITLE SD ☐ Delete
NAME JAMES, CLAUDIA C
STREET ADDRESS 20480 HUFFMASTER RD.
CITY-ST-ZIP NO. FT. MYERS FL 33917

TITLE T ☐ Delete
NAME JAMES, CLAUDIA
STREET ADDRESS 20480 HUFFMASTER RD.
CITY-ST-ZIP NO. FT. MYERS FL 33917

TITLE D ☐ Delete
NAME ELVER, RALPH P.A.
STREET ADDRESS 461 S. MAIN ST.
CITY-ST-ZIP LABELLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90149 021 ****61.25

710936



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)