

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000004101**

1. Entity Name

SOUTHLAND MESSENGERS, INC.**FILED**
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90009 020 ****61.25

0013371

Principal Place of Business

**20480 HUFFMASTER ROAD
NO. FORT MYERS FL 33917**

Mailing Address

**20480 HUFFMASTER ROAD
NO. FORT MYERS FL 33917**

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**

DO NOT WRITE IN THIS SPACE



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
After September 12, 2001, min. will be \$236.25**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	<input type="checkbox"/> Delete
NAME	JAMES, EDD	
STREET ADDRESS	20480 HUFFMASTER ROAD	
CITY-ST-ZIP	NO. FORT MYERS FL 33917	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	JAMES, CLAUDIA	
STREET ADDRESS	20480 HUFFMASTER ROAD	
CITY-ST-ZIP	NO. FORT MYERS FL 33917	

TITLE	SD	<input type="checkbox"/> Delete
NAME	JAMES, CLAUDIA C	
STREET ADDRESS	20480 HUFFMASTER RD.	
CITY-ST-ZIP	NO. FT. MYERS FL 33917	

TITLE	T	<input type="checkbox"/> Delete
NAME	JAMES, CLAUDIA	
STREET ADDRESS	20480 HUFFMASTER RD.	
CITY-ST-ZIP	NO. FT. MYERS FL 33917	

TITLE	D	<input type="checkbox"/> Delete
NAME	ELVER, RALPH P.A.	
STREET ADDRESS	461 S. MAIN ST.	
CITY-ST-ZIP	LABELLE FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Claudia C James VPD 7/19/01 941-543-6090

CR2E037 (5/01)