

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90214 030 ****61.25

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**

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|---------------------------------|
| 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 | | |

| | | |
|----------------|--|---|
| 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 | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 **CLAUDIA C. JAMES 4/27/03 543-6090**

CR2E037 (10/02)