

2001 UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
May 25, 2001 8:00 am
Secretary of State

04-30-2001 90440 040 ***150.00

DOCUMENT # P00000028597

1. Entity Name

DEEP SOUTH MINING, INC.

Principal Place of Business

**10230 BAYSHORE RD.
 NORTH FT. MYERS FL 33917**

Mailing Address

**10230 BAYSHORE RD.
 NORTH FT. MYERS FL 33917**

2. Principal Place of Business

3. Mailing Address

4461 A HANCOCK BRIDGE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. FT. MYERS FL

Zip

Country

Zip

Country

33903

USA

4. FEI Number

65-0994064

Applied for

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETRUZZELLI, JOE
 4819 S.W. 5TH PLACE
 CAPE CORAL FL 33914**

Name

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

City

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 acceptable.

(NOTE: Registered Agent Signature required when re-issuing)

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	PETRUZZELLI, JOE	
STREET ADDRESS	4819 S.W. 5TH PLACE	
CITY-STATE-ZIP	CAPE CORAL FL 33914	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARY, JEFFREY	
STREET ADDRESS	4461-A HANCOCK BRIDGE PKWY	
CITY-STATE-ZIP	N. FT. MYERS FL 33990	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CREWS, DONALD	
STREET ADDRESS	10230 BAYSHORE RD.	
CITY-STATE-ZIP	NORTH FT. MYERS FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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; that I am 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: **Donald Crews - Sec. - Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-970-3280

CR2E034 (10/00)