

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90115 001 ***100.00
 07-13-2001 90115 002 ****50.00

DOCUMENT # **P00000035724**

1. Entity Name

SOUTH COL, INC.



Principal Place of Business

Mailing Address

**1511 VICTOR DRIVE
 APOKA FL 32703**

SAME

2. Principal Place of Business

3. Mailing Address

1511 VICTOR 18950 US HWY 441

18950 US HWY 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #101

PMB #101

City & State

City & State

MOUNT DORA, FL

MOUNT DORA, FL

Zip

Country

Zip

Country

32757

USA

32757

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JESSE GRAHAM JR

Name

369 N. NY AVE.

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

3RD FLOOR

WINTER PARK, FL 32789

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 \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PRESIDENT
 GREGORY S. OUELLETTE
 18950 US HWY 441 PMB #101
 MOUNT DORA, FL 32757**

☐ Change ☐ Addition

address change
(M)

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**SECRETARY
 PERLA OUELLETTE
 18950 US HWY 441 PMB #101
 MOUNT DORA, FL 32757**

☐ Change ☐ Addition

address change
(M)

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

GREGORY S. OUELLETTE

04/17/01

407 492 1940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)