

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036127

1. Entity Name:
SOUTHCOM GROUP, INC.

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90002 010 ***150.00

Principal Place of Business
**7901 BAYMEADOWS WAY, STE. 9
JACKSONVILLE FL 32256**

Mailing Address
**7901 BAYMEADOWS WAY, STE. 9
JACKSONVILLE FL 32256**

772241



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5034 PHILLIPS HIGHWAY
Suite, Apt. #, etc.

3. Mailing Address
5034 PHILLIPS HIGHWAY
Suite, Apt. #, etc.

City & State:
JACKSONVILLE, FL
Zip
32207
Country
USA

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JACKSONVILLE, FL
Zip
32207
Country
USA

4. FEI Number
59-3674314
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHUNN, DOUGLAS D
225 WATER STREET, STE. 1250
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name
CURT GEISLER
Street Address (P.O. Box Number is Not Acceptable)
12907 DEEP LAGOON PLACE EAST
City
JACKSONVILLE FL Zip Code
32246

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
CURT GEISLER
Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent's signature required when reinstating)

DATE

29 MAY 2001

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 P/D	P/D <input type="checkbox"/> Delete
NAME CURT GEISLER	
STREET ADDRESS 12907 DEEP LAGOON PLACE E	
CITY-STATE-ZIP JACKSONVILLE, FL 32246	
TITLE S/D	<input type="checkbox"/> Delete
NAME JOHN O'CONNOR	
STREET ADDRESS 1550 BUSINESS CENTER DR	
CITY-STATE-ZIP ORANGE PARK, FL 32073	
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	
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	
STREET ADDRESS	
CITY-STATE-ZIP	
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	
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 as 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 a date of change empowered.

SIGNATURE: **CURT GEISLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 MAY 2001 904-739-9800
Date Daytime Phone #

CR2E034 (10/00)