

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90060 015 \*\*\*150.00

**DOCUMENT # P00000041051**

1. Entity Name  
**SOUTHERN INVESTMENTS MANAGMENT, INC.**

Principal Place of Business  
**324 THIRD AVENUE NORTH  
 JACKSONVILLE BEACH FL 32250**

Mailing Address  
**324 THIRD AVENUE NORTH  
 JACKSONVILLE BEACH FL 32250**

**391000**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2638 West End Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2638 West End Street**  
 Suite, Apt. #, etc.

City & State  
**Atlantic Bch, FL**

City & State  
**Atlantic Bch, FL**

4. FEI Number  Applied For  
 Not Applicable

Zip **32233** Country **Duval**

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

6. Name and Address of Current Registered Agent  
**DENNEY, JANET**  
**324 THIRD AVENUE NORTH**  
**JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent  
 Name **Janet Denney**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2638 West End Street**  
 City **Atlantic Beach** **FL** Zip Code **32233**

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 DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>DENNEY, JANET</b> <b>3590 EUNICE ROAD</b> <b>JACKSONVILLE FL 32250</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>TORELLI, ROBERT</b> <b>3590 EUNICE ROAD</b> <b>JACKSONVILLE FL 32250</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Denny, Janet</b> <b>2638 West End Street</b> <b>Jacksonville, FL, 32233</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Torelli, Robert</b> <b>2638 West End Street</b> <b>Jacksonville, FL 32233</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: **4/28/01** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)