

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044476

1. Entity Name

SOUTHERN SUN-SATIONS, INC.

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90008 016 ***150.00

Principal Place of Business

C/O CHESSER, WINGARD, ET. AL.
1201 EGLIN PARKWAY
SHALIMAR FL 32579

Mailing Address

C/O CHESSER, WINGARD, ET. AL.
1201 EGLIN PARKWAY
SHALIMAR FL 32579

2. Principal Place of Business

1652 Highway 98 West

3. Mailing Address

P. O. Box 4572

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mary Esther, FL

City & State

Fort Walton Beach, FL

Zip

32569

Country

U.S.

Zip

32549

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3643401

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

D. MICHAEL CHESSER
1201 EGLIN PARKWAY
SHALIMAR FL 32579

Name

C. D. McDonald

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

205 Mooney Road

City

Fort Walton Beach

FL

Zip Code
32547

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]

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

(NOTE: Registered Agent signature required when reinstating)

2-06-01

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
NO

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS MCDONALD, DOUGLAS
CITY-ST-ZIP 205 MOONEY ROAD
FORT WALTON BEACH FL 32547

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS LEE, SCHERIE A
CITY-ST-ZIP 206 LINDA COVE
FORT WALTON BEACH FL 32547

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)