

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

0058542 AV

DOCUMENT # P00000044476

1. Entity Name
SOUTHERN SUN-SATIONS, INC.

02-25-2002 90095 011 ***150.00

Principal Place of Business
C/O CHESSER, WINGARD, ET. AL.
1652 HIGHWAY 98 E
MARY ESTHER FL 32569

Mailing Address
C/O CHESSER, WINGARD, ET. AL.
P O BOX 4572
FT WALTON BEACH FL 32549



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3643401**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MCDONALD, C D
205 MOONEY RD
FORT WALTON BEACH FL 32547

Name

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

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

TITLE
 NAME

☐ Change ☐ Addition

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

PLEASE NOTE:

The Chesser, Wingard, et al no longer applies in the place of business or mailing addresses.

Our 2001 Report filed changed current Registered Agent (Chesser) to C. D. McDonald.

Can this line be deleted from addresses.

Thank you.

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02 (850) 581-3275
 Date Daytime Phone #

CR2E034 (9/01)