

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90156 015 ***158.75

DOCUMENT # P00000044794

1. Entity Name

SOUTH 41 VENTURES, INC

Principal Place of Business

**4810 US 41 SOUTH
 TAMPA FL 33614**

Mailing Address

**2600 WILLIAMS RD
 BRANDON FL 33510**

2. Principal Place of Business

1400 Chamber Dr

Suite, Apt. #, etc.

3. Mailing Address

1400 Chamber Dr

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Brandon, FL

Zip

33830

Country

USA

City & State

Brandon, FL

Zip

33830

Country

USA

4. FEI Number

59-3642243

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HEFNER, DANIEL L

2600 WILLIAMS RD

BRANDON FL 33510

7. Name and Address of New Registered Agent

Name

Hefner, Daniel L.

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

1502 N. Taylor Rd

City

Brandon

FL

Zip Code

33510

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

Daniel L. Hefner

4-5-02

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
 MCCLEAVE, KENNETH
 2600 WILLIAMS RD
 BRANDON FL 33510**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
 McCleave, Kenneth
 1400 Chamber Dr.
 Brandon, FL 33830**

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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TITLE

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ 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:

Kenneth McCleave
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-02 813-601-8101

CR2E034 (9/01)