

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90293 033 ***150.00

DOCUMENT # P00000045005

1. Entity Name

SOUTHERN FOX MODELING AGENCY, INC.

Principal Place of Business

**1064 N.W. 80TH TERRACE
PLANTATION FL 33322**

Mailing Address

**PO BOX 100045
FT. LAUDERDALE FL 33310**

2. Principal Place of Business

7605 BAYNARD ROAD

3. Mailing Address

P.O. BOX 1207

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

City & State

FT. PIERCE, FL

4. FEI Number

65-1005490

Applied For

Not Applicable

Zip

34951

Country

ST-LUCIE

Zip

34954-1207

Country

ST-LUCIE

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

MORAN, STACY L

**~~1064 N.W. 80TH TERRACE
PLANTATION FL 33322~~**

Name

MORAN, STACY L.

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

7605 BAYNARD ROAD

City

FT. PIERCE

FL

Zip Code
34951

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.

STACY L. MORAN, SR.

(NOTE: Registered Agent signature required when reinstating)

02/27/01
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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
STACY L. MORAN, SR
7605 BAYNARD ROAD
FT. PIERCE, FL 34951**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

**STACY L. MORAN, SR
PRESIDENT**

Date

02/27/01

Daytime Phone #

CR2E034 (10/00)