

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046072

1. Entity Name  
SOUTHERN EXPRESS FRAMING, INC.

Principal Place of Business  
192 CHARLES AVENUE  
WHITE CITY FL 32465

Mailing Address  
192 CHARLES AVENUE  
WHITE CITY FL 32465

2. Principal Place of Business  
227 7TH ST  
Suite, Apt. #, etc.

3. Mailing Address  
227 7TH ST  
Suite, Apt. #, etc.

City & State  
Port ST Joe  
Zip  
32456  
Country  
USA

City & State  
Port ST Joe  
Zip  
32456  
Country  
USA

4. FEI Number  
593642287  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DYKES, ROBERT M  
192 CHARLES AVENUE  
WHITE CITY FL 32465

## 7. Name and Address of New Registered Agent

Name  
Robert M. Dykes  
Street Address (P.O. Box Number is Not Acceptable)  
227 7TH ST  
City  
Port ST Joe FL Zip Code  
32456

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  
Robert Dykes

12-1-01

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, 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  
PSTD  
DYKES, ROBERT M  
192 CHARLES AVENUE  
WHITE CITY FL 32465 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
HATCHER, MARK  
6658 SEARCY STREET  
WHITE CITY FL 32465 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STATEMENT D1 TO ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300004733103-5  
-12/19/01--01057--011  
\*\*\*\*750.00 \*\*\*\*750.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D.R.  
Douglas L. Gilley  
227 7TH ST  
Port ST Joe FL 32456 ☐ Change ☒ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
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: Robert Dykes

12-1-01

850-227-4962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0465869

CR2E034 (10/00)