FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90064 033 ***150.00

DOCUMENT # P00000054588

1. Entity Name
Southern Corp. of Bonita

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5051 Castello Dr.	5051 Castello Dr
Suite, Apt. #, etc. #216	Suite, Apt. #, etc. #216
City & State Naples Fl	City & State Naples Fl
Zip 34103 Country US	Zip 34103 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3650906 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name James E. Atkins

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

3581 Lakemont Dr

City Bonita Springs FL Zip Code 34134

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 Jim Atkins 2/14/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Robin Atkins
STREET ADDRESS	PO Box 770753
CITY-ST-ZIP	Naples Fl 34107
TITLE	V
NAME	James E. Atkins
STREET ADDRESS	PO Box 770753
CITY-ST-ZIP	Naples Fl 34107
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NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robin Atkins 2/14/02 941-253-8846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #