2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 01, 2001 8:00 am DOCUMENT # P0000058217 **Secretary of State** SOUTHERN U.S. ENTERPRISES INC. 02-01-2001 90086 004 ***150.00 Principal Place of Business Mailing Address 99411 OVERSEAS HIGHWAY #4 99411 OVERSEAS HIGHWAY #4 KEY LARGO FL 33037 KEY LARGO FL 33037 A0017597 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 102103 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURGIN, THOMAS OVERFIELD, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 116 PLANTATION SHORES DRIVE TAVERNIER FL 33070 5123-14 STREET City BRADENTON, FL 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. ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME BURGIN, JOSEPH K SR STREET ADDRESS STREET ADDRESS 195 PLANTATION AVENUE CITY-ST-ZIP CITY-ST-ZIP TAVERNIER FL 33070 TITLE ☐ Detete TITLE Addition HODGENS, CASSANDRA 5123-145T.W. NAME NAME HODGENS, CASSANDRA B STREET ADDRESS STREET ADDRESS 7405 WILSON ROAD BRADENTON, FL. 34207 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33413 TITLE ☐ Delete TITLE Addition NAME NAME BURGIN, PEGGY W STREET ADDRESS STREET ADDRESS 195 PLANTATION AVENUE CITY-ST-ZIP CITY-ST-7IP TAVERNIER FL 33070 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition-NAME STREET ADDRESS 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.