

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90667 036 ***150.00

DOCUMENT # P00000060078

1. Entity Name

SOURDIFF ENTERPRISES II INC.

Principal Place of Business

Mailing Address

6425 BAYFIELD DR
 JACKSONVILLE FL 32211

6425 BAYFIELD DR
 JACKSONVILLE FL 32211

A0074115

2. Principal Place of Business

3. Mailing Address

12220-108 ATLANTIC BVD 12220 ATLANTIC BVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

108

108

City & State

City & State

Jacksonville FL

Jacksonville FL

4. FEI Number

59-3659627

Applied For

Not Applicable

Zip

Country

Zip

Country

32225

DUVAL

32225

DUVAL

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

**STEINLAUF, BERNARD
 22011 PALM GRASS DR
 BOCA RATON FL 33428**

Name

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

City

FL

Zip Code

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

KU S P
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

KULLEN SOURDIFF PRES.

01/04/01

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**PRESIDENT
 KULLEN SOURDIFF
 6425 BAYFIELD DR JAX FL
 32225**

**CEO
 PHOTIS NICHOLS
 13641 SHIPWATCH DR
 JACKSONVILLE FL
 32225**

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:

KU S P
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/01

Date

904.509 9659

CR2E034 (10/00)