

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90069 024 ***150.00

DOCUMENT # P00000061468

1. Entity Name
SOUTHERN AUTOMOTIVE, INC.



Principal Place of Business
1021 S. COMBEE ROAD
SUITE #2
LAKELAND FL 33801
US

Mailing Address
1021 S. COMBEE ROAD
SUITE #2
LAKELAND FL 33801
US



2. Principal Place of Business

1021 S. Combree Rd

Suite, Apt. #, etc.

Suite #2

City & State

Lakeland FL

Zip
33801

Country

USA

3. Mailing Address

1021 S. Combree Rd

Suite, Apt. #, etc.

Suite #2

City & State

Lakeland FL

Zip
33801

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3656066

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEFLEN, TIMAEUS C
1021 S. COMBEE ROAD
LAKELAND FL 33801

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Timaeus C. Weflen

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

(NOTE: Registered Agent signature required when reinstating)

4-29-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WEFLEN, TIMAEUS C
STREET ADDRESS 1021 S COMBEE ROAD
CITY-ST-ZIP LAKELAND FL 33801

TITLE V
NAME FULTON-WEFLEN, CHERYL
STREET ADDRESS 1021 S COMBEE ROAD
CITY-ST-ZIP LAKELAND FL 33801

TITLE S
NAME FULTON-WEFLEN, CHERYL
STREET ADDRESS 1021 S COMBEE ROAD
CITY-ST-ZIP LAKELAND FL 33801

TITLE T
NAME WEFLEN, TIMAEUS C
STREET ADDRESS 1021 S COMBEE ROAD
CITY-ST-ZIP LAKELAND FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Timaeus C. Weflen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

863-660-907

Daytime Phone #

0501946 AV