

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082906

1. Entity Name
SOUTHPOINT WAREHOUSING, INC.

Principal Place of Business
1760 EXECUTIVE RD
WINTER HAVEN FL 33884

Mailing Address
1760 EXECUTIVE RD
WINTER HAVEN FL 33884

2. Principal Place of Business
190 WINTER HAVEN BLVD
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1677
Suite, Apt. #, etc.

City & State
WINTER HAVEN FL

City & State
DUNEDD FL

4. FEI Number
59-3679815

Applied For
Not Applicable

Zip Country
33881 USA

Zip Country
33838 USA

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

6. Name and Address of Current Registered Agent

TRENEN BUSH, GEORGE
221 AVE. O S.W.
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name JEFF JOHNS
Street Address (P.O. Box Number is Not Acceptable)
190 WINTER HAVEN BLVD
City WINTER HAVEN FL Zip Code 33881

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 [Signature] (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	D	<input type="checkbox"/> Delete
NAME	JOHNS, DOUG	
STREET ADDRESS	1760 EXECUTIVE RD.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNS, JEFF	
STREET ADDRESS	1760 EXECUTIVE RD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, DOUG	
STREET ADDRESS	190 WINTER HAVEN BLVD	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, JEFF	
STREET ADDRESS	190 WINTER HAVEN BLVD	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE: [Signature] 2-5-01 863-297-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90090 001 ***150.00
02-13-2001 90090 002 *****8.75

2000



DO NOT WRITE IN THIS SPACE

0002141

CR20034 (10/00)