FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Sep 06, 2001 8:00 am Secretary of State P00000089999 DOCUMENT # 1. Entity Name 09-06-2001 90266 049 \*\*\*550.00 SOUTHALL ENTERPRISES, INC. Principal Place of Business Mailing Address 3730 25 AVENUE SOUTHWEST 3730 25 AVENUE SOUTHWEST 80064102 NAPLES FL 34117 NAPLES FL 34117 2. Principal Place of Business 3. Mailing Address 3022--47th St. SW P.O. Box 990957 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Naples, FL Naples, 59-3671863 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34116 USA 34116 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent George P. Langford SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 3357 Tamiami Trail North 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 34103 Naples of changing its registered office or registered agent, or both, in the State of Florida submits this statemen 8-14-01 SIGNATURE FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 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. President, Treasurer, Diraghtor Addition PSTD Delete CR2F034 (5/01) TITLE TITLE Jeffrey T. Southall SOUTHALL, JEFFREY T NAME NAME STREET ADDRESS 3730 25 AVENUE SOUTHWEST STREET ADDRESS 3022 47th St. SW NAPLES FL 34117 CITY-ST-ZIP Naples, FL 34116 CITY-ST-ZIP Secretary ☐ Delete ☐ Change X Addition TITLE TITLE NAME Margery Southall NAME 3022 47th St. SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IE Naples, FL 34116 ☐ Addition TITLE Delete TITLE Change NAME 'NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

DIRECTOR