

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90036 016 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000095934

1. Entity Name

SOUTHERN SUN DEVELOPMENT COMPANY

**DO NOT WRITE IN THIS SPACE**

80058836

2. Principal Place of Business

3120 O'BRIEN DR

3. Mailing Address

3120 O'BRIEN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE, FL

4. FFI Number

59-3675814

Applied For

Not Applicable

Zip

32309

Country

USA

Zip

32309

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

STEPHEN N. ROBERTS

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

3120 O'BRIEN DR

City

TALLAHASSEE

FL

Zip Code

32309

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

STEPHEN N. ROBERTS

(NOTE: Registered Agent signature required when reinstating)

3/20/02

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STVD  
STEPHEN N. ROBERTS  
3120 O'BRIEN DR  
TALLAHASSEE, FL 32309

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
STEPHEN C. DAWES  
P.O. BOX 13677  
TALLAHASSEE, FL 32317

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN N. ROBERTS

Date

3/20/02 (850) 544-0011

Daytime Phone #

CR2E034B (12/01)