2001 UNIFO	RM BUSINESS REPORT (UBR
DOCUMENT # 1. Entity Name	P00000108954
SOUTHERN LADY HOL	DINGS, INC.

Principal Place of Business

-9434 AIRFIELD DR W

LAKELAND FL 33811

Mailing Address

-9494-AIRFIELD DR W LAKELAND FL 33811

2. Principal Plage of Business 3454 Hirfield Dr. W.	3. Mailing Address Airfield Dr. 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.



Suite, Apt. #, etc.	e, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State and	FL	Lake and	LF	L	4. FEI Number		Applied For Not Applicable	
33811	Country	3381	Countr		5. Certificate of Status Desired		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
GARDNER, DALE 3730 CLEVELAND HEIGHTS BLVD LAKELAND FL 33813			-	Street Address (P.O. Box Number is Not Acceptable)				
·				City		FL	Zip Code	
8. The above named entity	y submits this statement for	the purpose of changing its	registered	office or registere	ed agent, or both, in the State of Flor	da.	-	

EII E NOW!!! EEE IC \$550.00

Tax filing requirement and elects to do so. (See criteria on back) After September 12, 2001 Fee Make Check Payable to Depa		2001 Fee will b	Il be \$750.00 Trust Fund Contributi		+	May Be to Fees		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Georga 4524 Lake	. Collis Bull Nunnswood Ln. land, FL 33813	☐ Change	△Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Williar 3454 Lakela	Airticld Dr. W., S	□ Change L . 2	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second s	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		Change	Addition	
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TITLE . NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP			Change	☐ Addition	

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 amounts and on the receiver of the composition of the receiver of the receiver of the composition of the receiver of the r

SIGNATURE: