

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91237 002 ***150.00

DOCUMENT # P00000109124

1. Entity Name

South-Ti, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1049 S. Atlantic Ave

Suite, Apt. #, etc.

3. Mailing Address

1049 S. Atlantic Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

4. FEI Number

59-3685663

Applied For

Not Applicable

Zip

32931

Country

Zip

32931

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Paula Davis

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

1049 S. Atlantic Ave.

City

Cocoa Beach

FL

Zip Code

32931

**DO NOT WRITE
IN THIS SPACE**

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.

(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) ☐

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	PD
NAME	Paula Davis
STREET ADDRESS	1049 S. Atlantic Ave
CITY-ST-ZIP	Cocoa Beach FL 32931
TITLE	
NAME	Danny F. Farley
STREET ADDRESS	2100 S. Courtenay Pkwy
CITY-ST-ZIP	Merritt Isl FL 32952
TITLE	ST
NAME	Teresa Cabaron
STREET ADDRESS	4055 Sheridan Ave
CITY-ST-ZIP	Cocoa, FL 32926
TITLE	
NAME	
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CITY-ST-ZIP	

**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02

321-453-4274

CR2E034B (12/01)