

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

DOCUMENT # P00000109608

1. Entity Name
SOUTHCOTT SERVICES, INC.

03 JUN 17 PM 12:09

Principal Place of Business

5100 CEDAR SPRINGS DR
104
NAPLES FL 34110

Mailing Address

C/O ROBERT D. ROYSTON JR.
PO BOX 1000
FORT MYERS FL 33908

2. Principal Place of Business

291 35th Ave NE
Suite, Apt. #, etc.

Mailing Address

291 35th Ave NE
Suite, Apt. #, etc.☐ CHECK HERE IF MAKING CHANGES

City & State

NAPLES Florida

City & State

NAPLES FL 34120

4. FEI Number

65-1072085

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR
12670 NEW BRITANNY BLVD SUITE 101
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

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

City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW WITH FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	☐ Delete
NAME	SOUTHCOTT, IAN	
STREET ADDRESS	5100 CEDAR SPRINGS DR #104	
CITY-ST-ZIP	NAPLES FL 34110	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	291 35th Ave NE	
CITY-ST-ZIP	NAPLES FL 34120	

TITLE	President	☒ Change ☐ Addition
NAME	IAN SOUTHCOTT	
STREET ADDRESS	291 35th Ave NE	
CITY-ST-ZIP	NAPLES FL 34120	

TITLE	Vice President	☒ Change ☐ Addition
NAME	KEELEY SOUTHCOTT	
STREET ADDRESS	291 35th Ave NE	
CITY-ST-ZIP	NAPLES FL 34120	

TITLE	Sec. Treasurer	☒ Change ☐ Addition
NAME	Robert Vince	
STREET ADDRESS	3541-31st ST. S.W.	
CITY-ST-ZIP	NAPLES FL 34119	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment thereto.

6-11-03.