

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115306

1. Entity Name

SOUTHERN AMENITY, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90361 004 ***150.00

Principal Place of Business

Mailing Address

3932 THOMAS DR APT #205
PANAMA CITY BEACH FL 32408

3932 THOMAS DR APT #205
PANAMA CITY BEACH FL 32408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. BOX
18074
PANAMA FL
32408 BAY



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPOV, VLADIMIR
3932 THOMAS DR APT #205
PANAMA CITY BEACH FL 32408

Name

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

City

FL

Zip Code

8. The above named agent is this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *PRESIDENT VLADIMIR POPOV*

02/05/2001
DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	POPOV, VLADIMIR	
STREET ADDRESS	3932 THOMAS DR APT #205	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOLECHKIN, SLAVA	
STREET ADDRESS	8000 BEACH DR, APT A	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	M	<input type="checkbox"/> Delete
NAME	VADIM BOJENKO	
STREET ADDRESS	3601 TIKI DR. PANAMA, FL 32408	
CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete
NAME	Svetla DeVries	
STREET ADDRESS	3932 Thomas dr 205 PANAMA	
CITY-ST-ZIP	FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

POPOV VLADIMIR

02/05/2001 (850) 866-7992

Date Daytime Phone #

CR2E034 (10/00)

001171