

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State
 01-15-2002 90052 013 ***150.00

DOCUMENT # P00000115306

1. Entity Name
SOUTHERN AMENITY, INC.

Principal Place of Business Mailing Address
3932 THOMAS DR APT #205 P.O. BOX 18074
PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
616 BARDANIA STR P.O. BOX 18074
 City & State City & State
PANAMA FL PANAMA FL

Zip Country Zip Country
32408 USA 32417 USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **KOLECHKINE SLAVA**
 Street Address (P.O. Box Number is Not Acceptable)
616 BARDANIA STR
 City **PANAMA CITY BEACH FL** Zip Code **32408**

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 **SLAVA KOLECHKINE** *[Signature]* **01.07.02**
 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

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	DM	<input type="checkbox"/> Delete
NAME	BOJENKO, VADIM	
STREET ADDRESS	3601 TIKI DR	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE	CD	<input type="checkbox"/> Delete
NAME	DEVRIES, SVETA	
STREET ADDRESS	3932 THOMAS DR#205	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 a director, with all other like empowered.

SIGNATURE: **VLADIMIR POPOV** *[Signature]* **01/02/02** **850 258 7937**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

0000147 AV

CR2E034 (9/01)