

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001650

1. Entity Name

SOUTHERN BUMPERS, INC.

Principal Place of Business

6461 Quintette RD.
PACE FL 32571

Mailing Address

6461 Quintette RD
PACE FL 32571

2. Principal Place of Business

6461 Quintette Rd
Suite, Apt. #, etc.

3. Mailing Address

6461 Quintette Rd
Suite, Apt. #, etc.

City & State

Pace, FL

City & State

Pace, FL

Zip

32571

Country

Santa Rosa

Zip

32571

Country

Santa Rosa

4. FEI Number

59-3689576

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CODY, DANNY

6461 Quintette RD.

PACE FL 32571

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 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME CODY, DANNY
STREET ADDRESS 6461 QUINTETTE RD
CITY-ST-ZIP PACE FL 32571 ☐ Delete

TITLE D
NAME VARDEMAN, GENE E
STREET ADDRESS 4747 PINE CIRCLE DR
CITY-ST-ZIP MOLINO FL 32577 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE Secretary
NAME Paula K Vardeman
STREET ADDRESS 4747 Pine Circle Dr.
CITY-ST-ZIP Molino, FL 32577 ☐ Change ☒ Addition

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

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

CR2E034 (4/02)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-02

Date

450-999-7482

Daytime Phone #

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-02-2002 90048 043 ***550.00

99203

DO NOT WRITE IN THIS SPACE