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2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am & Secretary of State P01000026443 DOCUMENT # 1. Entity Name 05-06-2002 90224 008 ***150.00 SOUTHERN BUCKS INCORPORATED Principal Place of Business Mailing Address 9216 E HIGHLAND PINES BLVD 9216 E HIGHLAND PINES BLVD PALM BCH GARDENS FL 33418 PALM BCH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address 10328 Ibis Reserve Cir 10328 Ibis Reserve Cir Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-1094681 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent sarraugh MCGARRAUGH, KELLI Street Address (P.O. Box Number is Not Acceptable) 9216 E HIGHLAND PINES BLVD 10328 Ibis Reserve PALM BCH GARDENS FL 33418 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)Change TITLE TITLE ☐ Delete MCGARRAUGH, JASON T NAME NAME 10328 Ibis Reserve Circle 9216 E HIGHLAND PINES BLVD STREET ADDRESS STREET ADDRESS WPB, R 33412 PALM BCH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete 10328 Ibis Reserve Circle MCGARRAUGH, KELLI J NAME NAME STREET ADDRESS STREET ADDRESS 9216 E HIGHLAND PINES BLVD WPB, FL 33412 CITY-ST-ZIP PALM BCH GARDENS FL 33418 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.