

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90017 030 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000051837
1. Entity Name
 SOUTHTRUST, INC. ✓

Principal Place of Business 1249 NORTH ORANGE AVE. ORLANDO FL 32804
Mailing Address 1249 NORTH ORANGE AVE. ORLANDO FL 32804

2. Principal Place of Business 905 East Cypress Creek
3. Mailing Address Suite, Apt. #, etc.
 Suite
City & State Ft. Lauderdale, FL
City & State City & State
Zip 33334 **Country** USA **Zip** **Country**

4. FEI Number 22-3810557 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ARMSTRONG, JANICE C
 1249 NORTH ORANGE AVE.
 ORLANDO FL 32804

7. Name and Address of New Registered Agent
Name Trey Avils
Street Address (P.O. Box Number is Not Acceptable) 1249 North Orange Ave
City Orlando **FL** **Zip Code** 32804

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 Trey Avils Trey Avils 4/30/02
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	PARRETT, JOHN E	
STREET ADDRESS	1249 NORTH ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	President	<input type="checkbox"/> Delete
NAME	Trey Avils	
STREET ADDRESS		
CITY-ST-ZIP		
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trey Avils	
STREET ADDRESS	905 East Cypress Creek Rd	
CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darrel Adams	
STREET ADDRESS	905 East Cypress Creek Rd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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 an other like empowered.

SIGNATURE: JOHN PARRETT 4/30/02 407-422-1000 x191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)