

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90143 008 ***150.00

DOCUMENT # P01000096208

1. Entity Name
SOUTHERN SPICE, INC.

Principal Place of Business
**13063 BENTWATER DRIVE
 JACKSONVILLE FL 32246**

Mailing Address
**13063 BENTWATER DRIVE
 JACKSONVILLE FL 32246**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2294 Mayport Rd
 Suite, Apt. #, etc.
#10

3. Mailing Address
13063 Bentwater Dr
 Suite, Apt. #, etc.
Jacksonville, FL.

City & State
Jacksonville, FL.

City & State

Zip
32233

Country
Duval

Zip
32246

Country
Duval

4. FEI Number
59-3746984

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145**

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.

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 \$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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 GUILLORY, PAULETTE V
 13063 BENTWATER DRIVE
 JACKSONVILLE FL 32246** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VSTD
 GUILLORY, TERRELL P
 13063 BENTWATER DRIVE
 JACKSONVILLE FL 32246** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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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

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☐ Change ☐ Addition

CR2E034 (9/01)

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: **by Paulette Guillory**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-02 (901) 249-6229