

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90094 040 ***150.00

DOCUMENT # P94000010050

1. Entity Name

SOUTHERN TRUST FINANCIAL GROUP, INC.

Principal Place of Business

1325 MIRAMAR ST.
 CAPE CORAL FL 33904

Mailing Address

1325 MIRAMAR ST.
 CAPE CORAL FL 33904

** moving as of 4-1-2001 **

2. Principal Place of Business

1520 Lafayette
 Suite, Apt. #, etc.

3. Mailing Address

1520 Lafayette
 Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Cape Coral

Zip Country
 33904 Lee

Zip Country
 FL 33904 Lee

4. FEI Number 65-0465906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PETERSON, VALERIE
 1325 MIRAMAR ST.
 CAPE CORAL FL 33904

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 *Valerie Peterson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-2001

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, 2001 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 P ☐ Delete
 NAME PETERSON, VALERIE
 STREET ADDRESS 1024 DOLPHIN DR.
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE T ☐ Delete
 NAME ELAM, LOUIS W
 STREET ADDRESS 1024 DOLPHIN DR.
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 all other the empowered.

SIGNATURE: *Valerie Peterson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Valerie Peterson 3-2-2001 941 540 1600

CR2E034 (10/00)