2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 27, 2001 8:00 am Secretary of State DOCUMENT # P9400034893 SOUTA ENTERPRISES, INC. 03-27-2001 90021 003 ***150.00 Principal Place of Business Mailing Address 1820 W CORTEZ RD 1820 W CORTEZ RD **BRADENTON FL 34207 BRADENTON FL 34207** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0489212 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOUTA, JERRY 1820 W CORTEZ RD **BRADENTON FL 34207** 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 (NOTE: Registered Agent signature required when reinstating) d agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Delete TITLE TITLE **SOUTA, JERRY** NAME NAME STREET ADDRESS STREET ADDRESS 6213 34TH AVE W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Change X Delete ☐ Addition TITLE TITLE SOUTA, HELEN NAME NAME STREET ADDRESS STREET ADDRESS 6213 34TH AVE W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** Change Addition ☐ Delete TITLE TITLE NAME NAME 4TH AVE, WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 like empowered. SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR