

2002 UNIFORM BUSINESS REPORT (UBR)

9/1

FILED
Sep 26, 2002 8:00 am
Secretary of State

09-12-2002 90068 021 ***550.00

DOCUMENT # P94000054232

1. Entity Name
SOUTHLAND SALES INC.

Principal Place of Business
2704 ROOKS ROAD
DAVENPORT FL 33837

Mailing Address
2704 ROOKS ROAD
DAVENPORT FL 33837

43058

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3256556**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIRA, TOM
4258 STAFFORD DRIVE
WINTER HAVEN FL 33880

Name **Clare Poehlman**
 Street Address (P.O. Box Number is Not Acceptable)
2704 Rooks Rd
 City **Davenport** FL Zip Code **33837**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Clare Poehlman**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)
 DATE **9/10/02**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PO POEHLMAN, CLARE** ☐ Delete
 STREET ADDRESS **2704 ROOKS ROAD**
 CITY-ST-ZIP **DAVENPORT FL 33837**

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

TITLE
 NAME **VP SHIRA, THOMAS** ☒ Delete
 STREET ADDRESS **2704 ROOKS RD**
 CITY-ST-ZIP **DAVENPORT FL 33837**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE
 NAME ☐ Change ☐ Addition
 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)(f), 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: **SIGNATURE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02 (863) 422-633
 Date Daytime Phone #

CR2E034 (4/02)