

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am  
Secretary of State

03-01-2001 91326 038 \*\*\*150.00

DOCUMENT # P94000061559

1. Entity Name

SOUTHERN COSTUMERS I, INC.

Principal Place of Business

Mailing Address

~~215 NE 22ND ST~~  
DELRAY BEACH FL 33447

P.O. BOX 1930  
DELRAY BEACH FL 33447

2. Principal Place of Business

3. Mailing Address

601 W. Indian Town Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, Fla.

City & State

Zip

33458

Country

Zip

Country

4. FEI Number

65-0517390

Applied For

Not Applicable

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

GRANET, LLOYD  
1900 NW CORPORATE BLVD  
100 WEST BUILDING  
BOCA RATON FL 33431

Name

Sullivan, Gail

Street Address (P.O. Box Number is Not Acceptable)

1700 Dover Rd. Apt 213A

Delray Beach

City

FL

Zip Code

33445

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME SULLIVAN, TERRANCE G  
STREET ADDRESS 215 NE 22ND ST  
CITY-ST-ZIP DELRAY BEACH FL 33447 33445

☐ Delete

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

TITLE D  
NAME SULLIVAN, GAIL  
STREET ADDRESS 215 NE 22ND ST  
CITY-ST-ZIP DELRAY BEACH FL 33447 33445

☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Gail Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

Date

Daytime Phone #

CR2E034 (10/00)