

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007093

1. Entity Name

SOUTHERN CLIPPER, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90111 042 \*\*\*158.75

Principal Place of Business

Mailing Address

2525 RABBIT CT.  
MIDDLEBURG FL 32068

P.O. BOX 870  
MIDDLEBURG FL 32050-0870

2. Principal Place of Business

1093 a1a Beach Blvd#366

3. Mailing Address

1093 A1A Beach Blvd#366

Suite, Apt. #, etc.

#366

Suite, Apt. #, etc.

Suite #366

City & State

St. Augustine, FL 32084

City & State

St. Augustine, FL 32084

4. FEI Number

59-3293597

Applied For

Not Applicable

Zip

32084

Country

St. Johns

Zip

32084

Country

St. Johns

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

KING, ANGELA M  
2525 RABBIT CT.  
MIDDLEBURG FL 32068

Name

Angela M. King

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

3741 A1A South

City

St. Augustine

FL

Zip Code  
32084

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

*Angela M. King*

Angela M. King

4-18-2000

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	KING, BRETT	
STREET ADDRESS	2525 RABBIT COURT	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	TS	<input type="checkbox"/> Delete
NAME	KING, ANGELA M	
STREET ADDRESS	2525 RABBIT CT.	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3741 A1A South
CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3741 A1A South
CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

*Angela M. King*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2000

904-461-5440

Date

Daytime Phone #

CR2E034 (9/99)