

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90158 047 ***550.00

DOCUMENT # P95000032213

1. Entity Name
SOUTHERN MAG-CLIP CORPORATION

Principal Place of Business

1925 TRADE CENTER WAY
 NAPLES FL 34109
 US

Mailing Address

1925 TRADE CENTER WAY
 NAPLES FL 34109
 US

2. Principal Place of Business

1619 PERIWINKLE WAY

Suite, Apt. #, etc.
#103

City & State
SANIBEL FLORIDA

Zip
33957

Country
U.S.A.

3. Mailing Address

1619 PERIWINKLE WAY

Suite, Apt. #, etc.
#103

City & State
SANIBEL FLORIDA

Zip
33957

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PIEROT, JEFFREY E.H.
1619 PERIWINKLE WAY
SUITE 103
SANIBEL ISLAND FL 33957

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

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 \$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

TITLE **VPSD** ☐ Delete
 NAME **PIEROT, JEFFREY E.H.**
 STREET ADDRESS **1619 PERIWINKLE WAY, #103**
 CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE **PT** ☐ Delete
 NAME **PIEROT, JEFFREY E.H.**
 STREET ADDRESS **1619 PERIWINKLE WAY, #103**
 CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 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
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-16-02

Date

279-395-1011

07-16-02

Daytime Phone #

CR2E034 (4/02)