

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000032981

1. Entity Name

SOUTHERN SECURITIES TRUST, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 23 AM 10:33

Principal Place of Business

Mailing Address

2230 N RIVERSIDE DR.

SAME

INDIALANTIC, FL 32903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3439488

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMER W. COLLINS
2230 N RIVERSIDE DR
INDIALANTIC, FL 32903

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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT:
GORDON HOWE
5317 CREEKMAN DR.
LAKE LAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
PALMER W. COLLINS
2230 N RIVERSIDE DR
INDIALANTIC, FL 32903

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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-08/01/01--01035--023
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TITLE
NAME
STREET ADDRESS
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:

Palmer W. Collins

PALMER W. COLLINS

7-18-01

321-777-7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

6-28-01

Florida Dept of State
Div. of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

I just got this form today. It came from your office. I had to call to get one. I don't know the name of the man I talked to but he said to pay \$150.00 and explain why it is late. We needed a form.

Yours Truly

Salimullah

P.S. Please send us a form next year before the deadline.