

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000097797

1. Entity Name

SOUTHERN CONSULTANTS, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90028 041 ***150.00

Principal Place of Business

58009 MORTON ST
MARATHON FL
33050

Mailing Address

58009 MORTON ST
MARATHON, FL
33050

2. Principal Place of Business

58009 MORTON ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

SAME

DO NOT WRITE IN THIS SPACE

City & State

MARATHON FL

Zip

33050

Country

USA

City & State

Zip

Country

4. FEI Number

65-0632590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JARED, ALAN
58009 MORTON ST
MARATHON, FL 33050

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.

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT & TREASURER
JARED, ALAN
58009 MORTON ST
MARATHON, FL 33050

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRES + SEC.
MARY M. JARED
58009 MORTON ST
MARATHON, FL 33050 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT + SECRETARY
MARY M. JARED
58009 MORTON ST
MARATHON, FL 33050 ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/00

Date

(305) 743-6965

Daytime Phone #

CR2E034 (9/99)