

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90142 002 ***150.00

DOCUMENT # P96000006566

1. Entity Name

SOUTHERN PROPERTY CONSULTANTS, INC.

Principal Place of Business

**795 SE PORT ST LUCIE BLVD
 PORT SAINT LUCIE FL 34984
 US**

Mailing Address

**795 SE PORT ST LUCIE BLVD
 PORT SAINT LUCIE FL 34984
 US**

2. Principal Place of Business

1680 SW Bayshore Blvd (227)

3. Mailing Address

1680 SW Bayshore Blvd

Suite, Apt. #, etc.

PORT ST LUCIE FL Ste 227

Suite, Apt. #, etc.

(Port St Lucie) Ste 227

City & State

PORT ST LUCIE, FL

City & State

PORT ST LUCIE FL

Zip

34984

Country

S

Zip

34984

Country

St Lucie

4. FEI Number

65-0654364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MEEKER, RAYMOND F
 795 SE PORT ST LUCIE BLVD
 PORT SAINT LUCIE FL 34984**

1680 SW Bayshore Blvd

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MEEKER, RAYMOND F	
STREET ADDRESS	795 SE PORT ST LUCIE BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEMPLIN, JON	
STREET ADDRESS	795 SE PORT ST LUCIE BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	
TITLE	T	<input type="checkbox"/> Delete
NAME	TRUNCONE, NICK	
STREET ADDRESS	795 SE PORT ST LUCIE BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1680 SW Bayshore Blvd	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1680 SW Bayshore Blvd	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1680 SW Bayshore Blvd	
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:

RAYMOND F. MEEKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2001

Date

(561) 336-5219

Daytime Phone #

CR2E034 (10/00)