

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90439 010 ***550.00

DOCUMENT # P96000037030

1. Entity Name
GREAT SOUTHERN TEXTILES INC.

Principal Place of Business

184 AZALEA ROAD
EDGEWATER FL 32141
US

Mailing Address

184 AZALEA ROAD
EDGEWATER FL 32141

B01255248



2. Principal Place of Business

184 AZALEA RD
 Suite, Apt. #, etc.

3. Mailing Address

SAME
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

EDGEWATER FL

City & State

EDGEWATER FL

4. FEI Number

59-3381880

Applied For

Not Applicable

Zip

32141

Country

US

Zip

32141

Country

US

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STUART, RICHARD SR.
184 AZALEA ROAD
EDGEWATER FL 32141

7. Name and Address of New Registered Agent

Name **RICHARD STUART**
Street Address (P.O. Box Number is Not Acceptable)
184 AZALEA RD
City **EDGEWATER FL 32141**

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]

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	STUART, RICHARD SR.	
STREET ADDRESS	184 AZALEA ROAD	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STUART, NOREEN	
STREET ADDRESS	184 AZALEA ROAD	
CITY-ST-ZIP	EDGEWATER FL 32141	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD STUART	
STREET ADDRESS	184 AZALEA RD	
CITY-ST-ZIP	EDGEWATER FL 32141	
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/02
 Date

Daytime Phone #

CR2E034 (9/01)