

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90309 013 \*\*\*150.00

DOCUMENT # **P96000042709**  
1. Entity Name  
**SOUTH OF THE BORDER INTRODUCTIONS INC.**

Principal Place of Business	Mailing Address
2805 W BUSCH BLVD STE 206 TAMPA FL 33618 US	PO BOX 274123 TAMPA FL 33688 US

2. Principal Place of Business 14905 Southfork Dr	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <i>Tampa, FL</i>	City & State
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Zip 33624	Country USA	Zip	Country
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4. FEI Number		Applied For
59-3382303		Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, DAVID L  
14905 SOUTHFORD DRIVE  
TAMPA FL 33624

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DAVID L 14905 SOUTHFORD DRIVE TAMPA FL 33624 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, CHRISTOPHER J 6928 DORMANY LP PLANT CITY FL 33565 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARLEDGE, PAULINE A 353 OVERLOOK ROAD SALT LICK KY 40371 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, CAMILA L 14905 SOUTHFORD DRIVE TAMPA FL 33624 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

[illegible]

3. 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 another like empowered.

SIGNATURE: David L. Davis 4/18/02 813-931-1992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #