

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90006 035 ***150.00

DOCUMENT # P96000052290

1. Entity Name

SOUTHERN SUN GROUP, INC.

Principal Place of Business

**1135 SOUTH PASADENA AVENUE #140
 ST. PETERSBURG FL 33707**

Mailing Address

**1135 SOUTH PASADENA AVENUE #140
 ST. PETERSBURG FL 33707-2854**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

8201 BAYSHORE DR.

Suite, Apt. #, etc.

8201 BAYSHORE DR.

City & State

TREASURE ISL, FL

City & State

TREASURE ISL, FL

Zip

Country

33706

Zip

Country

33706

4. FEI Number

59-3249565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, ROBERT J

**1135 SOUTH PASADENA AVENUE #140
 ST. PETERSBURG FL 33707**

Name

Street Address (P.O. Box is acceptable)

City

FL

Zip Code

33706

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **BRAVE, MICHAEL**
 STREET ADDRESS **8201 BAYSHORE DRIVE**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

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

TITLE **VD** ☐ Delete
 NAME **RUPP, DORIS**
 STREET ADDRESS **6630 RENALDO WAY SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33707**

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

TITLE **STD** ☐ Delete
 NAME **BRAVE, MICHELE**
 STREET ADDRESS **8201 BAYSHORE DRIVE**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Michael Brave MICHELE BRAVE STD 4-13-2000 727-367-9914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)