

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057954

1. Entity Name
SOUTHERN MIRROR COMPANY

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90002 001 ***150.00

Principal Place of Business 3899 45 NORTH W ST. PENSACOLA FL 32505 US	Mailing Address 3899 45 NO W ST PENSACOLA FL 32505 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3391271	Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, TAZE
1777 CONDOR DRIVE
CANTONMENT FL 32533

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 _____ (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 NAME, STREET ADDRESS, CITY-ST-ZIP	P MURPHY, TAZE 3899 45 NORTH W ST PENSACOLA FL	TITLE NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Taze Murphy, President 5/5/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)