

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91779 009 ***150.00

DOCUMENT # P96000057954

1. Entity Name
SOUTHERN MIRROR COMPANY

Principal Place of Business 3899 45 NORTH W ST. PENSACOLA FL 32505 US	Mailing Address 3899 45 NO W ST PENSACOLA FL 32505 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9724-A NORTH PALAFAX ST.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PENSACOLA, FL	City & State
Zip 32534	Country

4. FEI Number 59-3391271	Applied For <input type="checkbox"/> Not Applicable
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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

**MURPHY, TAZE
 1777 CONDOR DRIVE
 CANTONMENT FL 32533**

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 Taze Murphy
 Signature, typed or printed name of registered agent and title if applicable.

4/1/02
 DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P MURPHY, TAZE		NAME 9724-A NORTH PALAFAX ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3899 45 NORTH W ST		STREET ADDRESS PENSACOLA, FL 32534	
CITY-ST-ZIP PENSACOLA FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Taze Murphy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02
 Date

977-3545
 Daytime Phone #

CR2E034 (9/01)