

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070615

1. Entity Name

SOUTHERN SOCIALS, INC.

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90054 030 ***150.00

Principal Place of Business

Mailing Address

4133 AQUA VISTA DRIVE
ORLANDO FL 32804

4133 AQUA VISTA DR
PENSACOLA FL 32504

00036071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4133 Aqua Vista Drive

Suite, Apt. #, etc.

City & State

City & State

Pensacola, FL

4. FEI Number 59-3396640

Applied For

Not Applicable

Zip

Country

Zip

Country

32504

USA

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

TRAWICK, KARLA D
4133 AQUA VISTA DR
PENSACOLA FL 32504

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, 2001 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 ☐ Delete
NAME TRAWICK, KARLA
STREET ADDRESS ~~1541 EAST JORDAN STREET~~
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE ☐ Delete
NAME 4133 Aqua Vista
STREET ADDRESS Pensacola FL 32504
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/01 494-1456

CR2E034 (10/00)