

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074629

1. Entity Name

SOUTHERN SALES COMPANY, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90158 015 ***150.00

Principal Place of Business

12736 CARIBOU COURT
JACKSONVILLE FL 32246

Mailing Address

12736 CARIBOU COURT
JACKSONVILLE FL 32246-4164

2. Principal Place of Business

10013 Beach Blvd.

Suite, Apt. #, etc.

3. Mailing Address

13245 Atlantic Blvd.

Suite, Apt. #, etc.

PMB 303-Suite 4



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3402652

Applied For

Not Applicable

Zip

32246

Country

USA

Zip

32225

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDY, DALE
12736 CARIBOU COURT
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13245 Atlantic Blvd.
PMB 303-Suite 4

City

Jacksonville

FL

Zip Code

32225

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

1/22/2000

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

TITLE PST
NAME HARDY, DALE
STREET ADDRESS 12736 CARIBOU COURT
CITY-ST-ZIP JACKSONVILLE FL 32246-32225 ☐ Delete

TITLE P
NAME MCCULLER, JIM
STREET ADDRESS 441 ST. SIMONS COVE
CITY-ST-ZIP LAWRENCEVILLE GA 30244 ☒ Delete

TITLE V
NAME HARDY, ELIZABETH
STREET ADDRESS 1892 JOHNSTONVILLE RD
CITY-ST-ZIP FORSYTH GA 31029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 13245 Atlantic Blvd
CITY-ST-ZIP PMB 303-Suite 4 ☒ Change ☐ Addition

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/2000 800-495-9023

Date

Daytime Phone #

CR2E034 (9/99)