

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90030 046 ***150.00

DOCUMENT # P96000088609

1. Entity Name

SOVEREIGN AMERICA, INC.

Principal Place of Business

6016 SHERWIN DR
PT RICHEY FL 34668
US

Mailing Address

6016 SHERWIN DR
PT RICHEY FL 34668-6750
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3407421**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MACDOUGALD, SUZANNE
5776 WESTSHORE DR
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name **SUZANNE MACDOUGALD**
Street Address (P.O. Box Number is Not Acceptable)
1721 BRIGHTWATERS BLVD NE
ST PETERSBURG FL
City **FL** Zip Code **33704**

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

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **MAC DOUGALD, JAMES E**
CITY-ST-ZIP **5776 W SHORE DR**
NEW PORT RICHEY FL 34652

TITLE ☐ Delete
NAME **VSD**
STREET ADDRESS **MAC DOUGALD, SUZANNE M**
CITY-ST-ZIP **5776 W SHORE DR**
NEW PORT RICHEY FL 34652

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MACDOUGALD, JOSEPH**
CITY-ST-ZIP **5776 WESTSHORE DR**
NEW PORT RICHEY FL 34652

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1721 Brightwaters Blvd NE**
CITY-ST-ZIP **St Petersburg FL 33704**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1721 brightwaters Blvd NE**
CITY-ST-ZIP **St Petersburg FL 33704**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **200 Paloma DR**
CITY-ST-ZIP **St Petersburg FL 33704**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SUZANNE MACDOUGALD

1/13/00

Date

Daytime Phone #

727-847-5798