

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100590

1. Entity Name

SOUTHERN EXPOSURE DESIGNS, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90037 030 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3405 WHITNEY CT~~  
TALLAHASSEE FL 32308  
US

*3711 Long chemp Ctr*  
P.O. BOX 15455  
TALLAHASSEE FL 32317-5455  
US

2. Principal Place of Business

1700-3 Halstead Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32308

Country

Leon

Country

4. FEI Number

59-3414880-

Applied For

Not Applicable

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

CATO, GLENDA

~~3405 WHITNEY CT~~  
TALLAHASSEE FL 32312

*3711 LONG chemp Ctr*  
*32308*

Name

Glenda Cato

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

1700-3 Halstead Blvd

City

Tallahassee

FL

Zip Code  
32308

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

*Glenda Cato* *4-17-00*  
Glenda Cato

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CATO, K. GLENDA  
CITY-ST-ZIP 3405 WHITNEY COURT  
TALLAHASSEE FL 32308

TITLE ☒ Change ☐ Addition  
NAME Glenda K. Cato  
STREET ADDRESS 1700-3 Halstead Blvd  
CITY-ST-ZIP Tallahassee, Florida 32308

TITLE ☐ Delete  
NAME ~~ASBURY, THOMAS D~~  
STREET ADDRESS ~~3424 DORCHESTER COURT~~  
CITY-ST-ZIP ~~TALLAHASSEE FL 32312~~

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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:

*Glenda Cato*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)