₹2601 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100628

Country

6. Name and Address of Current Registered Agent

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

of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all other like empowers

SIGNATURE AND TYLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name

SOUTHERN SALES UNLIMITED, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

912 SE 9TH STREET

FORT LAUDERDALE FL 33316-1312

BRODERICK, TIMOTHY

FORT LAUDERDALE FL 33316-1312

912 SE 9TH STREET

912 SE 9TH STREET

3. Mailing Address

Suite, Apt. #, etc.

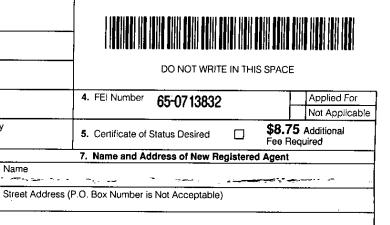
City & State

FORT LAUDERDALE FL 33316-1312

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.

FILED Apr 20, 2001 8:00 am Secretary of State

04-20-2001 90182 030 ***150.00



Zip Code

FL

and the confidence and are

FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE ☐ Change Addition BRODERICK, TIMOTHY NAME NAME 912 SE 9TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316-1312 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 proof as in quiried by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)