2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # **P97000010097** 1. Entity Name SOUTHERN PRODUCTS OF TAMPA, INC. 05-24-2000 90030 047 ***150.00 TABLE THREE Principal Place of Business Mailing Address 5814 RED CEDAR LN 5814 RED CEDAR LN **TAMPA FL 33625** TAMPA FL 33625-5680 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3443918 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAUFFE, ARTHUR E Street Address (P.O. Box Number is Not Acceptable) 5814 RED CEDAR KB **TAMPA FL 33625** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition Delete TITLE HAUFFE, ARTHUR E NAME STREET ADDRESS STREET ADDRESS 5814 RED CEDAR LN CITY-ST-ZIP CITY ST-ZIP TAMPA FL 33625 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP g does not qualify for the exemption stated in Section 119.07(3)(i), Flofida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the prmation supplied with this filir indicated on this report or of trustee empowere ith an address ental report is true and of the corporation or the SIGNATURE: OFFICER OR DIRECTOR Daytime Phone