

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90241 001 ***550.00

DOCUMENT # P97000010841

1. Entity Name

SOUTHERN COMMUNICATIONS SYSTEMS, INC.

Principal Place of Business

Mailing Address

1611 S. SR 15A
 STE. 3
 DELAND FL 32720

1611 S. SR 15A
 STE. 3
 DELAND FL 32720

2. Principal Place of Business

3. Mailing Address

336 N. Boundary Ave.
 Suite, Apt. #, etc.

336 N. Boundary Ave.
 Suite, Apt. #, etc.

City & State

City & State

Deland, Florida

Deland, Florida

4. FEI Number **59-3431750**

Applied For

Not Applicable

Zip

Country

Zip

Country

32720

Volusia

32720

Volusia

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

JONES, SCOTT
 1549 ROCKWELL HEIGHTS DRIVE
 DELAND FL 32724

Name

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

City

FL

Zip Code

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PC
 JONES, SCOTT E
 1549 ROCKWELL HEIGHTS DR
 DELAND FL 32724 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ST
 JONES, DAWN M
 1549 ROCKWELL HEIGHTS DR
 DELAND FL 32724 ☐ Delete

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☐ 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: Dawn M. Jones Dawn M. Jones 7-26-01 (386) 736-4732
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0612837

CR2E034 (10/00)