

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016557

1. Entity Name
SUNSOUTH CORP.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90168 039 ***150.00

Principal Place of Business
4741 BAY BLVD.
PORT RICHEY FL 34668

Mailing Address
4741 BAY BLVD.
PORT RICHEY FL 34668-6186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3430922

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MARKHAM, JAMES D
7518 3RD AVE. N.
ST. PETERSBURG FL 33710

Name
Street Address (P.O. Box Number is Not Acceptable)
295 110 AV. #6
City TREASURE IS. FL Zip Code 33706

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

James D. Markham

4/5/00

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 D
NAME WILES, RICHARD E
STREET ADDRESS 18718 WIMBLEDON CIRCLE
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

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

TITLE D
NAME MARKHAM, JAMES D
STREET ADDRESS 7518 3RD AVE N
CITY-ST-ZIP ST PETERSBURG FL 33710 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 295 110 AV #6
CITY-ST-ZIP TREASURE IS. FL 33706

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
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TITLE ☐ Delete
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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

James D. Markham

Date

Daytime Phone #

4/5/00 840-5996

CR2E034 (9/99)