

Certified # 7099 3400 0000 ?
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90145 006 ***150.00

DOCUMENT # P97000028210

1. Entity Name

SOUTH LAND COMPONENTS, INC.

Principal Place of Business

407 WHOOPING LOOP
SUITE 1621
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

5921 NE 14TH TERRACE
FT LAUDERDALE FL 33334-5022
US

2. Principal Place of Business

1950 Lee Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite 224

City & State
Winter Park, FL

City & State

Zip
32701

Country

Zip

Country

4. FEI Number

59-3444057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ROOT, RITCHE L
407 WHOOPING LOOP
SUITE 1621
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name

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

1950 Lee Rd / Suite 224

Winter Park

FL

Zip Code

32701

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, 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

TITLE **D** ☐ Delete
NAME **ROOT, RICK**
STREET ADDRESS **407 WHOOPING LOOP, #1621**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1950 Lee Road, Ste 224**
CITY-ST-ZIP **Winter Park, FL 32701**

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

R. L. Root **4-18-00** **834-3330**

CR2E034 (9/99)