

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028210

1. Entity Name

SOUTH LAND COMPONENTS, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90041 028 ***150.00

Principal Place of Business

Mailing Address

1950 LEE RD
SUITE 224
ALTAMONTE SPRINGS FL 32701
US

5921 NE 14TH TERRACE
FT LAUDERDALE FL 33334
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

4. FEI Number

59-3444057

Applied For

Not Applicable

Zip

32789

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

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

Name

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

5921 NE 14 TERRACE

ft. Lauderdale

FL

Zip Code

33334

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

TITLE ☒ Change ☐ Addition
NAME 5921 NE 14 TERRACE
STREET ADDRESS
CITY-ST-ZIP ft. Lauderdale FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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 person authorized 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, powered.

SIGNATURE

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)