

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90015 023 \*\*\*150.00

**DOCUMENT # P97000042777**

1. Entity Name

**SOUTHERN ACCOUNT SERVICES, INC.**

Principal Place of Business

5950 W ITHACA CIRCLE  
LANTANA FL 33463  
US

Mailing Address

PO BOX 540991  
LAKE WORTH FL 33454-0991

2. Principal Place of Business

5051 45th Road South  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 540991  
Suite, Apt. #, etc.

City &amp; State

LAKE WORTH, FLORIDA

City &amp; State

LAKE WORTH FL

Zip

33463

Country

USA

Zip

33454

Country

USA

4. FEI Number

65-0761837

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

POONAI, ANIL  
5950 W. ITHACA CIRCLE  
LANTANA FL 33463

7. Name and Address of New Registered Agent

Name **ANIL POONAI**

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

5051 45TH ROAD SOUTH

City LAKE WORTH

FL

Zip Code 33463

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

*Anil Poonai*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/00

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 **POONAI, ANIL**  
STREET ADDRESS **5950 W. ITHACA CIRCLE**  
CITY-ST-ZIP **LANTANA FL 33463**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

*Anil Poonai*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/2000 (561) 439-2297