

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91201 038 \*\*\*150.00

**DOCUMENT # P97000042777**

**1. Entity Name**  
**SOUTHERN ACCOUNT SERVICES, INC.**

**Principal Place of Business**

**5051 45TH ROAD SOUTH  
 LAKE WORTH FL 33463  
 US**

**Mailing Address**

**PO BOX 540991  
 LAKE WORTH FL 33454**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**5051 45th Rd. S.**

Suite, Apt. #, etc.

**3. Mailing Address**

**P.O. Box 540991**

Suite, Apt. #, etc.

**City & State**

**Lake worth FL**

**City & State**

**Lake worth FL**

**4. FEI Number**

**65-0761837**

**Applied For**

**Not Applicable**

**Zip**

**33463**

**Country**

**USA**

**Zip**

**33463**

**Country**

**USA**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**POONAI, ANIL  
 5051 45TH ROAD SOUTH  
 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 Rd. 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 Poona Anil Poonai 4/29/2002  
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, 2002 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**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>POONAI, ANIL</b>	
<b>STREET ADDRESS</b>	<b>5051 45TH ROAD SOUTH</b>	
<b>CITY-ST-ZIP</b>	<b>LAKE WORTH FL 33463</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 4/29/2002 (601) 965-4300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0386444 AV

CR2E034 (9/01)