

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076156

1. Entity Name

SOUTHERN MALLET FARMS, INC.

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90033 005 \*\*\*150.00

Principal Place of Business

Mailing Address

14802 N DALE MABRY HWY  
#202  
TAMPA FL 33618  
US

14802 N DALE MABRY HWY  
#202  
TAMPA FL 33618-2073  
US

00040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

14802 N. Dale Mabry Hwy  
Suite, Apt. #, etc.  
#202

14802 N. Dale Mabry  
Suite, Apt. #, etc.  
202

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number 59-3470754

Applied For  
Not Applicable

Zip 33618 Country US

Zip 33618 Country US

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

GRIMES, FRANK  
15812 DEEP CREEK LN  
TAMPA FL 33624

Name

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

City

FL

Zip Code

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 *Frank Grimes*  
Signature typed or printed name of registered agent and title if applicable

CEO  
(NOTE: Registered Agent signature required when reinstating)

4/24/00  
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 HINKSON, GREGORY N  
STREET ADDRESS 4131 W. WATERS AVENUE  
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

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

TITLE D  
NAME GRIMES, FRANK A  
STREET ADDRESS 4131 W. WATERS AVENUE  
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 #

CR2E034 (9/99)