

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90003 034 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98 000007343

1. Entity Name *Southern Business Services*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12350 Clear Lagoon Trail

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

4. FEI Number

59-3488918

Applied For

Not Applicable

Zip

32246

Country

U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Peter Knapp

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

737 S. Hickory Manor Drive

City

Jacksonville

FL

Zip Code

32225

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

*PRES.
Mikolov Sipos
12350 Clear Lagoon Trail
Jax FL 32246*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*Vice Pres.
Jan Sipos
12350 Clear Lagoon Trail
Jax FL 32246*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*Vice Pres.
Peter Knapp
737 S. Hickory Manor Drive
Jax FL 32225*

TITLE
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mikolov Sipos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02.14.02

Daytime Phone #

CR2E034B (12/01)