

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90088 002 ***150.00

DOCUMENT # **P98000025538**

1. Entity Name **SOUTHERN AISE, INC.**

DO NOT WRITE IN THIS SPACE

80056499

2. Principal Place of Business
244 ROYAL TERN RD. NORTH

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PONTE VEDRA BEACH, FL

City & State

4. FEI Number
593505132

Applied For
☒ Not Applicable

Zip
32082

Country
USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: **PETER SCHMIDT**

Street Address (P.O. Box Number is Not Acceptable)
244 ROYAL TERN RD NORTH

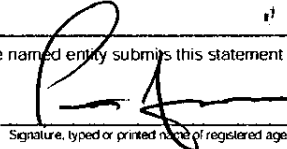
City **PONTE VEDRA**

FL

Zip Code
32082

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



PETER SCHMIDT

3/13/02

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 **P**
TERI SCHMIDT
STREET ADDRESS
244 ROYAL TERN RD N
CITY- ST- ZIP
PONTE VEDRA BEACH FL 32082

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME **V**
PETER SCHMIDT
STREET ADDRESS
SAME
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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:

 **PETER SCHMIDT**

3/14/02

904/200-8524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)