2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04-29-2000 90136 001 ***300.00
00 MAY 22 AM 9:24

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DOCUMENT # P98000037365

1. Entity Name: Southern Wholesale Corporation

Principal Place of Business	Mailing Address
2107 Hendricks Ave.	1750 N. University Dr #203
Jacksonville FL 32207	Coral Springs FL 33071

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65 084 3033 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent:

I. Mark Rubin
2107 Hendricks Ave.
Ste 210 Jacksonville FL 32207

7. Name and Address of New Registered Agent:

Name
Street Address (P.O. Box Number is Not Acceptable)
Ste
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: [signature] DATE: 4/1/00
Signature, typed or printed name of registered agent and title if applicable

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
		President Mark Mazin 1569 NW 121st Dr. Coral Springs FL 33071	
	☐ Delete		☐ Change ☐ Addition
	☐ Delete	V. President Robert John Warren 11330 NW 68th CT. Parkland FL 33076	☑ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
Secretary William Dilg	☑ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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] Robert J. Warren 4/12/00 954 345 6469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #