2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 AM
Secretary of State

DOCUMENT# P98000046945

Entity Name: SOUTHERN NIGHTS BOOKKEEPING & BUSINESS SERVICES, INC.

Current Principal Place of Business:

2565 18TH AVENUE SE
NAPLES, FL 34117

New Principal Place of Business:

Current Mailing Address:

PO BOX 9453
NAPLES, FL 34101

New Mailing Address:

FEI Number: 65-0845186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISON, PATRICIA A
2565 18TH AVENUE SE
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STDM ( ) Delete
Name: ISON, PATRICIA
Address: 2565 18TH AVENUE SE
City-St-Zip: NAPLES, FL 34117

Title: P ( ) Delete
Name: CARUANA, ROBERT A
Address: 2565 18TH AVENUE SE
City-St-Zip: NAPLES, FL 34117

Title: V ( ) Delete
Name: ISON, PHYLLIS A
Address: 6920 AMITY ROAD
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: NIXON, PHYLLIS A
Address: 3272 RED BLUSH WAY
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. ISON STDM 03/03/2002

Electronic Signature of Signing Officer or Director Date