

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000050640**

1. Entity Name

SOUTHERN SUN PRODUCTIONS, INC.*R***FILED**
Jul 25, 2000 8:00 am
Secretary of State

04-28-2000 90060 001 ***150.00

Principal Place of Business

1165 - 101ST STREET
#1
BAY HARBOR FL 33154

Mailing Address

PO BOX 547279
SURFSIDE FL 33154

2. Principal Place of Business

1165 101st
Suite, Apt. #, etc.

Suite 1

City & State
Bay Harbor, FLZip
33154

Country

3. Mailing Address

P.O. Box 547279
Suite, Apt. #, etc.City & State
Surfside, FLZip
33154

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0841125

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MASSEY, ERIC
1165 - 101ST STREET
#1
BAY HARBOR FL 33154

7. Name and Address of New Registered Agent

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

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) ☐**FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing -
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MASSEY, ERIC
1165 - 101ST STREET #1
BAY HARBOR FL 33154 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
SWAIN, LEE
1653 OAK ST
SARASOTA FL 34236 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-00

Date

Daytime Phone #

(305) 773-3474

2000 UNIFORM BUSINESS REPORT (2000)

DOCUMENT # P98000050640

1. Entity Name

SOUTHERN SUN PRODUCTIONS, INC.

Principal Place of Business

1165 - 101ST STREET

#1
BAY HARBOR FL 33154

Mailing Address

PO BOX 547279

SURFSIDE FL 33154-7279

Attachment

to 308747

2. Principal Place of Business

1165 101ST

Suite, Apt. #, etc.

Suite 1

3. Mailing Address

P.O. Box 547279

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bay Harbor, FL

City & State

Surfside, FL

4. FEI Number

65-0841125

Applied For

Not Applicable

Zip

33154

Country

Zip

33154

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASSEY, ERIC

1165 - 101ST STREET

#1
BAY HARBOR FL 33154

7. Name and Address of New Registered Agent

Name

SAME

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

SAME

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

ERIC MASSEY

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

4-19-2000

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

| | | |
|----------------|-------------------------|--|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | MASSEY, ERIC | |
| STREET ADDRESS | 1165 - 101ST STREET #1 | |
| CITY-ST-ZIP | BAY HARBOR FL 33154 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | SWAIN, LEE | |
| STREET ADDRESS | 1653 OAK ST | |
| CITY-ST-ZIP | SARASOTA FL 34230 | |
| TITLE | Chuck Vollmer | <input checked="" type="checkbox"/> Delete |
| NAME | 290 N. Coconut Ln | |
| STREET ADDRESS | Miami Bch, FL 33139 | |
| CITY-ST-ZIP | | |
| TITLE | Robert Smith | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 #

4-19-2000 (305) 773-3474

CR2E034 (9/99)