

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90250 029 \*\*\*150.00

0307913 AV

**DOCUMENT # P98000050736**

1. Entity Name

**SOUTHERN SUN MANAGEMENT, INC.**

Principal Place of Business

**2300 E OAKLAND PARK BLVD  
 #200  
 FORT LAUDERDALE FL 33306**

Mailing Address

**2300 E OAKLAND PARK BLVD  
 #200  
 FORT LAUDERDALE FL 33306**

2. Principal Place of Business

**3170 W. Federal Hwy**

3. Mailing Address

**3170 W. Federal Hwy**

Suite, Apt. #, etc.

**114**

Suite, Apt. #, etc.

**114**

City & State

**Light House Point FL**

City & State

**Light House Point FL**

Zip

**33064**

Country

**USA**

Zip

**33064**

Country

**USA**

4. FEI Number

**65-0848047**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LEVY, JEFFREY B., ESQ**

**100 SE 6TH ST**

**FORT LAUDERDALE FL 33301**

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 \$150.00  
 After May 1, 2002 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 **T** ☒ Delete  
 NAME **DURAND, SHAWN**  
 STREET ADDRESS **3303 N.E. 32ND SREET**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **PS** ☒ Delete  
 NAME **OTTO, WESLEY D**  
 STREET ADDRESS **1048 NW 30 CT**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **VP** ☒ Delete  
 NAME **REDMAN, JASON**  
 STREET ADDRESS **190 BRYAN BLVD**  
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☒ Delete  
 NAME **JAMES, MICHAEL**  
 STREET ADDRESS **1528 NE 32ND STREET #1**  
 CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE **S** ☒ Delete  
 NAME **WARNER, ROSE**  
 STREET ADDRESS **2300 E OAKLAND PARK BLVD**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition  
 NAME **OTTO Wesley**  
 STREET ADDRESS **3170 W. Federal Hwy #114**  
 CITY-ST-ZIP **Light House Point FL 33064**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CR2E034 (9/01)