

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050963

1. Entity Name

SOUTHERN DISCOUNT, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90094 048 ***158.75

Principal Place of Business

3019 WINDSOR CIRCLE
CRESTVIEW FL 32539

Mailing Address

3019 WINDSOR CIRCLE
CRESTVIEW FL 32539-6345

2. Principal Place of Business

3. Mailing Address

P.O. Box 2068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRESTVIEW, FL

4. FEI Number 59-3518275

Applied For
Not Applicable

Zip

Country

Zip

Country

32536

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIGHT, RALPH S
C/O SOUTHERN DISCOUNT, INC.
3019 WINDSOR CIRCLE
CRESTVIEW FL 32539

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 Ralph S. Kight RALPH S. KIGHT

4/7/00

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, 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 D ☐ Delete
NAME KIGHT, RALPH S
STREET ADDRESS 3019 WINDSOR CIR.
CITY-ST-ZIP CRESTVIEW FL 32539

TITLE P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WENTWORTH, MICHAEL A
STREET ADDRESS 10949 PARK AVE
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE v/d ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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: Ralph S. Kight RALPH S. KIGHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

(850)682-8587

Daytime Phone #

CR2E034 (9/99)