

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90230 030 ***150.00

DOCUMENT # P98000054776

1. Entity Name

SOUTHERN ACQUISITION GROUP, INC.

Principal Place of Business

12711 PINEWAY DRIVE
 LARGO FL 33773

Mailing Address

12711 PINEWAY DRIVE
 LARGO FL 33773

2. Principal Place of Business

2883 Northbrook Lane

3. Mailing Address

2883 Northbrook Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33811

Country

Polk

Zip

33811

Country

Polk

6. Name and Address of Current Registered Agent

CUSTER, JENNIFER
12711 PINEWAY DRIVE
LARGO FL 33773

7. Name and Address of New Registered Agent

Name

Steve Horn

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

2883 Northbrook Lane

City

Lakeland

FL

Zip Code

33811

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

Steve Horn President

2/09/01

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, 2001 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 **PTS** ☐ Delete
 NAME **HORN, STEVE G**
 STREET ADDRESS **2883 NORTHBROOK LANE**
 CITY-ST-ZIP **LAKELAND FL 33811**

TITLE **VP** ☒ Delete
 NAME **CUSTER, JENNIFER L**
 STREET ADDRESS **12711 PINEWAY DRIVE**
 CITY-ST-ZIP **LARGO FL 33773**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Steve Horn **Steve Horn**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/09/01 863 646 7315

0373565

CR2E034 (10/00)