

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001899

1. Entity Name

SOUTHERN TECHNOLOGIES OF JACKSONVILLE, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90045 012 ***150.00

Principal Place of Business

Mailing Address

STEIN ST.
JACKSONVILLE FL 32216

2451 STEIN ST.
JACKSONVILLE FL 32216-5036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5121 Bowden Rd.

3. Mailing Address

5121 Bowden Rd

Suite, Apt. #, etc.

Suite # 311

Suite, Apt. #, etc.

Suite 311

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3549919

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

32216

Country

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

HANKS, MARTY
2451 STEIN ST.
JACKSONVILLE FL 32216

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, 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 P/D
NAME Marty Hanks
STREET ADDRESS 2451 Stein St.
CITY-ST-ZIP Jacksonville, FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME Marty Hanks
STREET ADDRESS 2451 Stein St.
CITY-ST-ZIP Jacksonville, FL 32216 ☐ Change ☒ Addition

TITLE VP
NAME Granville Hanks
STREET ADDRESS 8579 Lamento Ave N
CITY-ST-ZIP Jacksonville, FL 32211 ☐ Change ☒ Addition

TITLE S/T
NAME Heather Hanks
STREET ADDRESS 2451 Stein St.
CITY-ST-ZIP Jacksonville, FL 32216 ☐ Change ☒ Addition

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

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

TITLE
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

Date

(904) 730-9799

Daytime Phone #

CR2E034 (9/99)