

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001899

1. Entity Name

SOUTHERN TECHNOLOGIES OF JACKSONVILLE, INC.

Principal Place of Business

5121 BOWDEN RD
SUITE 311
JACKSONVILLE FL 32216

Mailing Address

5121 BOWDEN RD
SUITE 311
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3549919

Applied For

Not Applicable

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	HANKS, MARTY	2451 STEIN ST JACKSONVILLE FL 32216				
	VD	HANKS, GRANVILLE	8579 LAMANTO AVE N JACKSONVILLE FL 32211				
	ST	HANKS, HEATHER	2451 STEIN ST JACKSONVILLE FL 32216		ST	Petrey, Ronald	6604 Brandemere Rd. N. Jacksonville, FL 32211

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

PRESIDENT
MARTY HANKS, president

3/26/01
Date

(904) 730-9799
Daytime Phone #

CR2E034 (10/00)

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