

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90165 033 ***150.00

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**

70001751



2. Principal Place of Business
8480 MANRESA AVE.
Suite, Apt. #, etc.

3. Mailing Address
8480 MANRESA AVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ORANGE PARK, FL.
Zip
32073
Country
U.S.

City & State
ORANGE PARK, FL.
Zip
32073
Country

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

**HANKS, MARTY
2451 STEIN ST.
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name
HANKS, MARTY.
Street Address (P.O. Box Number is Not Acceptable)
7750 MUDLAKE RD.
City
MACLENNY FL Zip Code
32063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

01/06/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANKS, MARTY 2451 STEIN ST JACKSONVILLE FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANKS, GRANVILLE 8579 LAMANTO AVE N JACKSONVILLE FL 32211	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PETREY, RONALD 6604 BRANDEMERE RD N JACKSONVILLE FL 32211	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

01/06/03
Date
(904) 269-6073
Daytime Phone #

CR2E034 (10/02)