

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011901

1. Entity Name

SOUTHERNAIRE PHOTOGRAPHY, INC.

Principal Place of Business

8195 GREEN GLADE RD  
JACKSONVILLE FL 32256

Mailing Address

8195 GREEN GLADE RD  
JACKSONVILLE FL 32256

2. Principal Place of Business

300 W. Adams St.

Suite, Apt. #, etc.

Suite 440

City & State

Jacksonville FL

3. Mailing Address

300 W. Adams St.

Suite, Apt. #, etc.

Suite 440

City & State

Jacksonville FL

Zip

32202

Country

US

Zip

32202

Country

US

6. Name and Address of Current Registered Agent

HUBBARD, KIM K  
1106 PARK AVENUE  
ORANGE PARK FL 32073

4. FEI Number

59-3561346

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
FEEZOR, GERALD LANE  
5250 ALLOAKS COURT  
JACKSONVILLE FL 32258

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
FEEZOR, GERALD LANE  
300 W. Adams St., STE 440  
Jacksonville FL 32202

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

904-353-8400

Daytime Phone #

0023240

CP2E034 (10/00)

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90142 009 \*\*\*150.00

C0042092



DO NOT WRITE IN THIS SPACE