

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90709 020 ***150.00

SECRET
 AVI

DOCUMENT # P99000013967

1. Entity Name
SOUBY SALES, INC.

Principal Place of Business
**4806 NORTH FLAGLER DRIVE
 W. PALM BEACH FL 33407**

Mailing Address
**4806 NORTH FLAGLER DRIVE
 W. PALM BEACH FL 33407**

B0121681



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4806 N. Flagler Dr.

3. Mailing Address

Suite, Apt. #, etc.
#1

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0896865**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**SOUBY, LEON G JR
 4806 NORTH FLAGLER DRIVE. #1
 W. PALM BEACH FL 33407**

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 LEON G. Souby Jr. Leon G. Souby Jr. 5/12/02
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, 2002 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	D	<input type="checkbox"/> Delete
NAME	SOUBY, LEON G	
STREET ADDRESS	4806 N FLAGLER DRIVE, #1	
CITY-ST-ZIP	W. PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAVANAUGH, NEIL	
STREET ADDRESS	25 RICKS DR.	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADDOCK, MARGARET K	
STREET ADDRESS	5491/2 NORTHLAKE WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Leon G. Souby Jr. 5/12/02 561-842-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)