

2000 UNIFORM BUSINESS REVENUE (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90195 047 \*\*\*150.00

DOCUMENT # P99000036670

1. Entity Name:

SOUTHERN DIVISION SALES, INC

Principal Place of Business:

9788 NW 5<sup>TH</sup> COURT  
 CORAL SPRINGS, FL 33071

Mailing Address:

B0089320

2. Principal Place of Business:

9788 NW 5<sup>TH</sup> COURT

3. Mailing Address:

SAME

State, Apt. #, etc.

State, Apt. #, etc.

City &amp; State:

CORAL SPRINGS, FL 33071

City &amp; State:

CORAL SPRINGS, FL 33071

Zip:

33071

Country:

USA

City:

CORAL SPRINGS

Country:

USA

4. FEI Number:

65-0956924

Applied For:

Not Applicable

5. Certificate of Status Demand:

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:

DREW JACOBS  
 9788 NW 5<sup>TH</sup> COURT  
 CORAL SPRINGS FL 33071

7. Name and Address of State Registered Agent:

Name:

Street Address (P.O. Box Number is Not Acceptable):

City:

FL

Zip Code:

8. The above named party accepts the designation for the purpose of acting as the registered agent of this corporation in the State of Florida:

SIGNATURE:

9. This corporation is eligible to qualify its filing by  
 (See Uniform Code on back)

FILE NOW!!! FEE IS \$150.00.  
 After MAY 1, 2000 Fee will be \$250.00  
 Make Check Payable to Department of State

10. Election Campaign Filing  
 Post Fund Contribution

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

| NAME                     | STREET ADDRESS                 | CITY            | STATE | ZIP   |
|--------------------------|--------------------------------|-----------------|-------|-------|
| PRESIDENT<br>DREW JACOBS | 9788 NW 5 <sup>TH</sup> COURT  | CORAL SPRINGS   | FL    | 33071 |
| VSTO<br>JULIE GUZY       | 3330 SW 13 <sup>TH</sup> COURT | DEERFIELD BEACH | FL    | 33442 |
| NAME                     | STREET ADDRESS                 | CITY            | STATE | ZIP   |
| NAME                     | STREET ADDRESS                 | CITY            | STATE | ZIP   |
| NAME                     | STREET ADDRESS                 | CITY            | STATE | ZIP   |
| NAME                     | STREET ADDRESS                 | CITY            | STATE | ZIP   |
| NAME                     | STREET ADDRESS                 | CITY            | STATE | ZIP   |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)

| NAME                                                                    | STREET ADDRESS                                            | CITY                              | STATE               | ZIP   |
|-------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------|---------------------|-------|
| VSTO<br>JULIE GUZY                                                      | 2218 MARTELLA AVE NW                                      | BONITA RAYON                      | FL                  | 33433 |
| NAME <td>STREET ADDRESS <td>CITY <td>STATE <td>ZIP </td></td></td></td> | STREET ADDRESS <td>CITY <td>STATE <td>ZIP </td></td></td> | CITY <td>STATE <td>ZIP </td></td> | STATE <td>ZIP </td> | ZIP   |
| NAME <td>STREET ADDRESS <td>CITY <td>STATE <td>ZIP </td></td></td></td> | STREET ADDRESS <td>CITY <td>STATE <td>ZIP </td></td></td> | CITY <td>STATE <td>ZIP </td></td> | STATE <td>ZIP </td> | ZIP   |
| NAME <td>STREET ADDRESS <td>CITY <td>STATE <td>ZIP </td></td></td></td> | STREET ADDRESS <td>CITY <td>STATE <td>ZIP </td></td></td> | CITY <td>STATE <td>ZIP </td></td> | STATE <td>ZIP </td> | ZIP   |
| NAME <td>STREET ADDRESS <td>CITY <td>STATE <td>ZIP </td></td></td></td> | STREET ADDRESS <td>CITY <td>STATE <td>ZIP </td></td></td> | CITY <td>STATE <td>ZIP </td></td> | STATE <td>ZIP </td> | ZIP   |
| NAME <td>STREET ADDRESS <td>CITY <td>STATE <td>ZIP </td></td></td></td> | STREET ADDRESS <td>CITY <td>STATE <td>ZIP </td></td></td> | CITY <td>STATE <td>ZIP </td></td> | STATE <td>ZIP </td> | ZIP   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate, and that every signatory shall have the same legal effect as if made under oath. I am providing a copy of the original of this document to the Department of State as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or 12 of this filing.

SIGNATURE:

JULIE L. GUZY  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/00

561-218-3424