

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000056904

1. Entity Name

SOUTHERN EXPOSURE DESTINATION MARKETING
INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1131 RIVER BIRCH ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

4. FEI Number

65-0930802

Applied For

Not Applicable

Zip

33019

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

NAME BUSCHMAN, JOHN

Street Address (P.O. Box Number is Not Acceptable)
1131 RIVER BIRCH STREET

City HOLLYWOOD

FL

Zip Code

33019

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 of authorized natural person registered agent and if applicable, (NOTE: Registered Agent signature required when reappointing)

8-12-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P.D
BUSCHMAN, JOHN
1131 RIVER BIRCH STREET
HOLLYWOOD FL 33019

TITLE
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IN THIS SPACE**

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 on an attachment with an address, both or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-02

954 922 3265

11.18

11.18

CR2E034B (12/01)

2012

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **SOUTHERN EXPOSURE DESTINATION MARKETING, INC**

Thank you for your courtesy in this matter.



JOHN BUSCHMAN
PRESIDENT