

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069908

1. Entity Name

SOUTH OCEAN FIVE, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90395 044 ***150.00

Principal Place of Business

12601 LAKE RIDGE CIRCLE
CLERMONT FL 34711

Mailing Address

12601 LAKE RIDGE CIRCLE
CLERMONT FL 34711

2. Principal Place of Business

12728 Lake Ridge Cir.
Suite, Apt. #, etc.

3. Mailing Address

12728 Lake Ridge Cir.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clermont, FL

City & State

Clermont, FL

4. FEI Number

59-3591231

Applied For

Not Applicable

Zip

34711

Country

Lake

Zip

34711

Country

Lake

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCLAFANI, VINCENT
12601 LAKE RIDGE CIRCLE
CLERMONT FL 34711

12728

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 VPS
NAME SCLAFANI, KATHLEEN
STREET ADDRESS 12601 LAKE RIDGE CIRCLE
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE P
NAME SCLAFANI, VINCENT
STREET ADDRESS 12601 LAKE RIDGE CRICLE
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRES
NAME SCLAFANI, KATHLEEN
STREET ADDRESS 12728 LAKE RIDGE CIRCLE
CITY-ST-ZIP CLERMONT, FL 34711 ☒ Change ☐ Addition

TITLE PRESIDENT
NAME SCLAFANI, KATHLEEN
STREET ADDRESS 12728 LAKE RIDGE CIRCLE
CITY-ST-ZIP CLERMONT, FL 34711 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

3/26/01

Date

352-243-3623

Daytime Phone #

CR2E034 (10/00)