

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075394

1. Entity Name

SOUTHERN SYSTEMS & SERVICES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90066 039 ***158.75

Principal Place of Business

7027 ALPINE STREET
 JACKSONVILLE FL 32208

Mailing Address

7027 ALPINE STREET
 JACKSONVILLE FL 32208-4660

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3597995

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRELL, WILLIAM D JR.
 7027 ALPINE STREET
 JACKSONVILLE FL 32208

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, 2000 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 ☐ Delete
 NAME D
 STREET ADDRESS HARRELL, WILLIAM D JR.
 CITY-ST-ZIP 7027 ALPINE STREET
 JACKSONVILLE FL 32208

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS LEWIS, JAIME E
 CITY-ST-ZIP 7027 ALPINE STREET
 JACKSONVILLE FL 32208

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MILLER, JAMES F
 CITY-ST-ZIP 1008 E 15TH STREET
 JACKSONVILLE FL 32206

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

William D. Harrell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 27, 2000 904-764-0007

CR2E034 (9/99)