

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092983

1. Entity Name

SOUTHERN INVESTORS ENTERPRISES, INC.

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90027 003 ***150.00

Principal Place of Business

Mailing Address

789 NORTH FERDON BLVD., SUITE A1A
CRESTVIEW FL 32536

789 NORTH FERDON BLVD., SUITE A1A
CRESTVIEW FL 32536-2167

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

59-3605411

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

DAVIS, MICHAEL S
789 NORTH FERDON BLVD., SUITE A1A
CRESTVIEW FL 32536

Name

Edward J. Mlynarczyk

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

5761 Wildwood Road

City

Crestview,

FL

Zip Code
32539

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: *Edward J. Mlynarczyk* Edward J. Mlynarczyk, Secretary 3/5/2000

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	D	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MICHAEL S		NAME	Davis, Michael S	
STREET ADDRESS	645 Alysheba Drive		STREET ADDRESS	645 Alysheba Drive	
CITY-ST-ZIP	CRESTVIEW FL 32539		CITY-ST-ZIP	Crestview, FL 32539	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MLYNARCZYK, EDWARD J		NAME	Mlynarczyk, Edward J	
STREET ADDRESS	5761 WILDWOOD ROAD		STREET ADDRESS	5761 Wildwood Road	
CITY-ST-ZIP	CRESTVIEW FL 32536		CITY-ST-ZIP	Crestview, FL 32539	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, GLENDALE K		NAME	Lewis, Glendale K	
STREET ADDRESS	1400 QUAIL RIDGE DRIVE		STREET ADDRESS	1400 Quail Ridge Drive	
CITY-ST-ZIP	CRESTVIEW FL 32539		CITY-ST-ZIP	Crestview, FL 32539	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Edward J. Mlynarczyk* Edward J. Mlynarczyk 3/5/2000 (850)682-1069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)