

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90027 003 ***150.00

DOCUMENT # P99000092983

1. Entity Name

SOUTHERN INVESTORS ENTERPRISES, INC.

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

DUPLICATE



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

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 Delete
 NAME **DAVIS, MICHAEL S**
 STREET ADDRESS **645 ALYSHEBA DRIVE**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE Change Addition
 NAME **Davis, Michael S**
 STREET ADDRESS **645 Alysheba Drive**
 CITY-ST-ZIP **Crestview, Fl 32539**

TITLE Delete
 NAME **MLYNARCZYK, EDWARD J**
 STREET ADDRESS **5761 WILDWOOD ROAD**
 CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE Change Addition
 NAME **Mlynarczyk, Edward J**
 STREET ADDRESS **5761 Wildwood Road**
 CITY-ST-ZIP **Crestview, Fl 32539**

TITLE Delete
 NAME **LEWIS, GLENDALE K**
 STREET ADDRESS **1400 QUAIL RIDGE DRIVE**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE Change Addition
 NAME **Lewis, Glendale K**
 STREET ADDRESS **1400 Quail Ridge Drive**
 CITY-ST-ZIP **Crestview, Fl 32539**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 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 empowerments.

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)