

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092983

1. Entity Name

SOUTHERN INVESTORS ENTERPRISES, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90051 008 ***150.00

Principal Place of Business

789 NORTH FERDON BLVD., SUITE A1A
CRESTVIEW FL 32536

Mailing Address

789 NORTH FERDON BLVD., SUITE A1A
CRESTVIEW FL 32536

2. Principal Place of Business

3. Mailing Address

P. O. Box 65

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Crestview, Fl

4. FEI Number **59-3605411**

Applied For
Not Applicable

Zip

Country

Zip

32536

Country

Okaloosa

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

MLYNARCZYK, EDWARD J
5761 WILDWOOD RD
CRESTVIEW FL 32539

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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☐ Change ☐ Addition
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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, without other like empowered.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT OR SECRETARY OF THE CORPORATION

2/15/2001

(850)682-1069

Date

Daytime Phone #

CR2E034 (10/00)