

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-16-2000 90180 042 ***150.00

DOCUMENT # P99000094584

1. Entity Name

SOUTHERN MELON SERVICES, INC.

(R)

Principal Place of Business

**606 HARVEY ROAD
 LAKELAND FL 33815**

Mailing Address

**P.O. Box 994
 KATHLEEN FL.
 33849**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3644 152

Applied For

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

**SHERROUSE, THOMAS G
 606 HARVEY ROAD
 ALKELAND FL 33815
 Lakeland**

Name

Sherrouse, Thomas G.

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

606 Harvey Rd

City

Lakeland

FL

Zip Code

33815

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

Thomas G. Sherrouse

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4-29-00

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 SHERROUSE, THOMAS G
 PO BOX 994
 KATHLEEN FL 33849** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**STD
 SHERROUSE, REBECCA
 PO BOX 994
 KATHLEEN FL 33849** ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ 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:

Thomas G. Sherrouse
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00
 Date

863-712 2367
 Daytime Phone

CR2E034 (9/99)