

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110520

1. Entity Name

SOUTHERN EXPRESSIONS, INC.

R

Principal Place of Business

3520 NW 43RD STREET
GAINESVILLE FL 32606

Mailing Address

3520 NW 43RD STREET
GAINESVILLE FL 32606

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

59-3607219

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

DELUCAS, RACHELLE
2963 SW 40TH AVE.
GAINESVILLE FL 32608

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)

X

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME DELUCAS, RACHELLE
STREET ADDRESS 2963 SW 40TH AVE.
CITY-ST-ZIP GAINESVILLE FL 32608

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Rachelle Delucas **RED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/00

Date

352-374-8220

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR E034 (1/00)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 11-16-1999
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 59-3607219
FORM: SS-4
0716927265 B

A0069742
099060110520

FOR ASSISTANCE CALL US AT:
1-800-829-1040

SOUTHERN EXPRESSIONS INC
3520 NW 43RD ST
GAINESVILLE FL 32606

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3607219. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941	04/30/2000
Form 1120	03/15/2001
Form 940	01/31/2001

Please file your Form by the due date shown above. If the due date above has passed and you have not yet filed, please file your Form by 12-01-1999. If we don't receive your form by that date, we will charge additional penalties and interest. We charge penalties and interest from the due date of the return until it is filed.

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the Service. If you want a determination on your tax classification, you may seek a private letter ruling from the Service under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply. Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information about EFTPS, call 1-800-829-3676 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.

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P99000110530

PHYSICIAN ADVISORY GROUP, INC.

*Personalized tax, accounting and management consulting
for physicians and business professionals*

July 21, 2000

Florida Department Of Revenue
5050 West Tennessee Street
Tallahassee, FL 32399-0125

Dear Sir or Madam:

Enclosed please find a check made payable to the Department of State for \$150.00 along with the 2000 Uniform Business Report (UBR). Please be advised that Southern Expressions, Inc. became incorporated on December 13, 1999. Upon a thorough review of our files we have no documentation indicating that we received the original UBR for the year 2000. Additionally, Southern Expressions, Inc.'s initial year became effective January 01, 2000. Based on these circumstances, it was assumed that the incorporation fee paid to the state of Florida for \$175.00 along with the registered agent processing fee of \$50.00, at the time of incorporating, covered the 2000 fiscal year. If this is correct, please return the enclosed check. If not, kindly accept the enclosed check, along with the completed 2000 UBR and adjust your records accordingly.

If you have any further questions, please feel free to contact me. Thank you in advance for your cooperation and consideration.

Sincerely,



Physician Advisory Group, Inc.
Neil Rosin, MBA
Consultant/Accountant