

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S70447

1. Entity Name

SOUTHGATE DEVELOPMENT COMPANY, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90023 041 ***150.00

Principal Place of Business

Mailing Address

PO BOX 455
MURDOCK FL 33938
US

PO BOX 455
MURDOCK FL 33938
US

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

65-0275685

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

KARPISEK HANA
1191 PEPPERTREE LN
PORT CHARLOTTE FL 33952

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, 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD	KARPISEK, MILO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	1191 PEPPERTREE LN.		NAME	
ST-ZIP	PORT CHARLOTTE FL		STREET ADDRESS	
			CITY-ST-ZIP	
VST	KARPISEK, HANA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	1191 PEPPERTREE LN.		NAME	
ST-ZIP	PORT CHARLOTTE FL		STREET ADDRESS	
			CITY-ST-ZIP	
D	KARPISEK, HANA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	1191 PEPPERTREE LN.		NAME	
ST-ZIP	PORT CHARLOTTE FL		STREET ADDRESS	
			CITY-ST-ZIP	
		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME	
ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	
		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME	
ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	
		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME	
ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-2000

Date

Daytime Phone #

CR2E034 (9/99)