

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S70447

1. Entity Name

SOUTHGATE DEVELOPMENT COMPANY, INC.

Principal Place of Business

PO BOX 455
MURDOCK FL 33938
US

Mailing Address

PO BOX 455
MURDOCK FL 33938
US

2. Principal Place of Business

P.O. Box 380455

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 380455

Suite, Apt. #, etc.

City & State

MURDOCK, FL.

Zip

33938

Country

US

City & State

MURDOCK, FL.

Zip

33938

Country

US

6. Name and Address of Current Registered Agent

KARPISEK HANA
1191 PEPPERTREE LN
PORT CHARLOTTE FL 33952

← TYPO ERROR
KARPISEK

7. Name and Address of New Registered Agent

Box Number is Not Acceptable)

FL

Zip Code

8. The above named entity submits this sta

ing no 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

TITLE PD
NAME KARPISEK, MILO
STREET ADDRESS 1191 PEPPERTREE LN.
CITY-ST-ZIP PORT CHARLOTTE FL ☐ Delete

TITLE VST
NAME KARPISEK, HANA
STREET ADDRESS 1191 PEPPERTREE LN.
CITY-ST-ZIP PORT CHARLOTTE FL ☐ Delete

TITLE D
NAME KARPISEK, HANA
STREET ADDRESS 1191 PEPPERTREE LN.
CITY-ST-ZIP PORT CHARLOTTE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90090 042 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)