

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V59069

1. Entity Name

SUDDATH RELOCATION SYSTEMS OF BOCA RATON, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90070 011 ***150.00

Principal Place of Business

Mailing Address

1521 WEST COPANS ROAD
BLDG. 4, SUITE 107
POMPAN BEACH FL 33064
US

815 SOUTH MAIN STREET
6TH FLOOR
JACKSONVILLE FL 32207-8140
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

65-0396796

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

PRICE, ROBERT J.
815 SOUTH MAIN STREET
6TH FLOOR
JACKSONVILLE FL 32207

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	CEO, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUDDATH, STEPHEN M.	NAME	
STREET ADDRESS	815 S. MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, BARBARA S.	NAME	
STREET ADDRESS	815 S. MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	C, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, A. QUINN	NAME	
STREET ADDRESS	815 S. MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, ROBERT J.	NAME	
STREET ADDRESS	815 S. MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, JULIE	NAME	
STREET ADDRESS	815 S MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, BARRY	NAME	
STREET ADDRESS	815 S MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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:

Signature of Robert J. Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

904-390-7100

Daytime Phone #

CR2E034 (9/99)