

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # V59069**1. Entity Name  
**SUDDATH RELOCATION SYSTEMS OF BOCA RATON, INC.**Principal Place of Business  
1521 WEST COPANS ROAD  
BLDG. 4, SUITE 107  
POMPANO BEACH  
33064 US FL  
Mailing Address  
815 SOUTH MAIN STREET  
6TH FLOOR  
JACKSONVILLE  
32207 US FL2. Principal Place of Business  
1521 WEST COPANS ROAD

3. Mailing Address

Suite, Apt. #, etc.  
BLDG. 4, SUITE 107City & State  
POMPANO BEACH FL

City &amp; State

4. FEI Number  
**65-0396796**Applied For  
Not ApplicableZip Country Zip Country  
33064 US5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**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  
32207 US FL

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 \_\_\_\_\_ **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	Delete
COO	VAUGHN BARRY	815 S MAIN ST	JACKSONVILLE	FL	<input type="checkbox"/>
P	COBB JULIE	815 S MAIN ST	DEERFIELD BEACH	FL	<input type="checkbox"/>
VTD	PRICE, ROBERT J.	815 S. MAIN ST	JACKSONVILLE	FL	<input type="checkbox"/>
CD	BELL, A. QUINN	815 S. MAIN ST	JACKSONVILLE	FL	<input type="checkbox"/>
SD	STRICKLAND, BARBARA S.	815 S. MAIN ST	JACKSONVILLE	FL	<input type="checkbox"/>
CEOD	SUDDATH, STEPHEN M.	815 S. MAIN ST	JACKSONVILLE	FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32207	Change	Addition
COO	VAUGHN BARRY	815 S MAIN ST	JACKSONVILLE	FL	32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	COBB JULIE	1150 SW 32ND WAY	DEERFIELD BEACH	FL	33442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VTD	PRICE, ROBERT J.	815 S. MAIN ST	JACKSONVILLE	FL	32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CD	BELL, A. QUINN	815 S. MAIN ST	JACKSONVILLE	FL	32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	STRICKLAND, BARBARA S.	815 S. MAIN ST	JACKSONVILLE	FL	32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CEOD	SUDDATH, STEPHEN M.	815 S. MAIN ST	JACKSONVILLE	FL	32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: ROBERT J. PRICE**

VTD 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)