

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90195 043 ***150.00

DOCUMENT # P02000061355

1. Entity Name
SOUTHERN & TRADITIONAL HOMES, INC.



Principal Place of Business
**5202 PINE ROCKLANDS AVE
LITHIA FL 33547**

Mailing Address
**5202 PINE ROCKLANDS AVE
LITHIA FL 33547**

2. Principal Place of Business

6219 Kingbird Manor Drive

3. Mailing Address

P.O. Box 6425

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lithia, FL

City & State

Brandon, FL

4. FEI Number

01-0709118

Applied For

Not Applicable

Zip

Country

33547 Hillsborough

Zip

33508

Country

Hillsborough

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA PA
1840 SW 22 STREET 4TH FL
MIAMI FL 33145**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/09/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENIGNI, MICHAEL J	
STREET ADDRESS	5202 PINE ROCKLANDS AVE	
CITY-ST-ZIP	TAMPA FL 33547	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENIGNI, NICHOLAS P	
STREET ADDRESS	5202 PINE ROCKLANDS AVE	
CITY-ST-ZIP	TAMPA FL 33547	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENIGNI, ADAM M	
STREET ADDRESS	5202 PINE ROCKLANDS AVE	
CITY-ST-ZIP	TAMPA FL 33547	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BENIGNI, BRANDON J	
STREET ADDRESS	5202 PINE ROCKLANDS AVE	
CITY-ST-ZIP	TAMPA FL 33547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benigni, Michael J.	
STREET ADDRESS	6219 Kingbird Manor Drive	
CITY-ST-ZIP	Lithia, FL 33547	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benigni, Nicholas P.	
STREET ADDRESS	10307 Hunter's Haven Blvd	
CITY-ST-ZIP	Riverview FL 33569	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benigni, Adam M.	
STREET ADDRESS	4807 Skipping Stone Ct.	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benigni, Brandon	
STREET ADDRESS	6219 Kingbird Manor Drive	
CITY-ST-ZIP	Lithia, FL 33547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

2/9/03 (8/3) 267 2995

Date

Daytime Phone #

CR2E034 (10/02)